

Erasmus Report

Why Erasmus

Reflecting upon my Erasmus placement, I would strongly recommend this placement to anyone who has the opportunity. Though some may argue that it lacks in providing a true FY1 experience, I would disagree. The placement brings one out of their comfort zone, which is perhaps the truest representation of an FY1 experience. This placement prepares one to deal with the unknown while still having adequate clinical experience. It is a good chance to learn a great deal of medicine throughout 4 months whilst improving one's French. Overall, I would argue that the Erasmus placement prepares one better compared to doing a 2-month elective.

Although it has been an amazing experience, it is not without its hardships. You need to be mentally prepared for the fact that the first few weeks will be difficult, however as one progresses, the situation improves and truly becomes worth it in the end.

NB: My angle is slightly different because things were made easier for me having my family and home in Paris. However, I will talk about things taken from the stories and struggles my friends experienced during their Erasmus (and my own obviously!).

Why Paris

Paris is a city with plenty to do and much to experience. It has a mesmerising selection of restaurants to try and places to discover. I could write a whole other report of just the theatres plays/films/exhibitions/museums/restaurants that I went to. Every district has its own feel and that's why I think it's the best place to go. It has 20 different districts, 20 different vibes, 20 different angles and aspects of Paris. It's difficult to become bored!

Additionally, the advantage is that you work less than other French cities. I heard that in Lyon and Nantes you work full days whereas in Paris you only work mornings. Finally, the other big selling point for me is that you are around 10 medical students from Manchester appointed to Paris, which means that you will never be completely lonely. It makes the whole experience much less daunting at the beginning.

Additionally, I have had the impression that in terms of organisation Descartes was superior to Marie Curie. You might want to read some reports from students in Marie Curie to judge that.

When you arrive in Paris

- At CDG airport: make yourself a Navigo card and pay a monthly fee (although if you arrive end of Jan might not be worth it as you pay for a whole month i.e. February, March, April etc...). With the card you can get the RER B into Paris or the Roissy Bus for free.
- Arriving at your placement on your first day will be stressful. No one really knows who you are or if you were meant to be here. You just have to be patient and determined and someone out there in the department will expect you (although sometimes not at the right time of the year which can make things difficult...). I think being aware of that is important and setting your expectations low on the first day is important. You won't always achieve much. Email your Erasmus coordinator a week in advance to get a place and time to arrive on placement and if you can, push for an

email address of the “chef de service” who will usually be the one who welcomes you.

- Important thing to do in the first week of arrival: Go to Descartes University Ecole de Medicine to get yourself registered at the university. You need to fill in a form in Erichetta Mazerat’s office, your Erasmus coordinator in Paris Descartes. It is a very good opportunity to ask her in the same time all the questions you may have. This office is situated 15 rue de l’école de medecine Metro Odeon.
- Bank account: you need to open a French bank account to be able to get paid your monthly salary and for any night shifts you do (50 euros a night shift). I have a money section below but in terms of opening a bank account you might want to read another’s student report as I already had one. I have the feeling it did take them a while to achieve that..
- Go to Hopital Cochin Bureau du Personal Medical (closed Tuesday morning and Thursday afternoon). There is a second registration that you need to do there. You have to give them your RIB as well (that you will get with your bank account). This is to be able to get paid.

My placements

1/ A&E Saint Joseph Hospital 9/10

I started my Erasmus placement in Saint Joseph Hospital for 2 months in the A&E department. I rated it very highly - 9/10. It was a very good placement to do for many reasons:

Firstly, in terms of medical experience it was very enriching. You would clerk a lot of patients every day by taking their histories and examining them. Then, you would have to present all your patients to the “chef” of the day (the consultant in charge), you make a management plan together and organise some investigations. It was very good placement in order to revise many different conditions at a time and to keep fresh all the knowledge that I accumulated during finals. Saint Joseph is a semi-private hospital which means that why have a lot of funds and the quality of life working there is very good. The team works greatly together, everyone is nice and happy to help and they never made me feel unwelcomed. However, this is not the same everywhere. I did night shifts in AP-HP hospitals and it’s not the same business. HEGP (Hopital Europeen Georges Pompidou) is okay, people do help you out and they have some good doctors BUT I would not recommend going to Cochin emergency service if you can. It’s really poorly organised, small and run-down and I do not think the patients are treated very well at all. This might be making massive generalisations but if you want to do an emergency placement (which I know a lot of people do!) I would avoid going to Cochin and choose Saint Joseph. In terms of timetable, it was quite good because I did 3 full days a week (I took some days from the other ‘externes’ on the rota basically). This means that I could arrange them in order to have longer weekends to go travel somewhere. This might change though as there was some discussion about making Erasmus students be on mornings, although that’s not really handy at all because the patients all come in the afternoon.

Chef the service email: Dr Jean-Luc Aim jlaim@hpsj.fr

2/ Psychiatry Service Hospitalier Universitaire St Anne Hospital 7/10

This placement was very different in terms of organisation. Your role as an ‘externe’ was not to clerk patients in, on their arrival, but more to make sure all the little jobs that F1s would

usually do are done. I would not do any of the psychiatric clerking but I would do a general physical health history and examination with my patients (I had 6-7 assigned patients every week for whom I had to make sure their medical care was under control). I would call medical registrars for advice on different medical conditions and make sure that we had all the discharge summaries for those patients handy to use. When it comes to the psychiatry part of the placement, you would assist on all the ward rounds, take notes for the consultants and be present for all the psychiatric consultations that your designated interne does. We also had some psychiatric teaching during the week on Wednesdays and Fridays that was very interesting. St Anne hospital is notoriously a renowned psychiatric hospital but is also a research centre. This means that I saw a lot of practices that was only for research purposes like Ketamine infusions for depression or morphine prescription for mental pain. This is all things that I wouldn't normally see in the UK but was incredibly interesting to see being done abroad. I would really recommend a placement in St Anne if you like neurology or psychiatry but because it's very specialised, I would recommend against signing up for it if this is not an area of interest. The timetable was more like other medical specialities' timetable meaning mornings from 9-12.30 from Monday-Friday. I was given the choice to do night shifts at the psych emergency department (which is specific to France). This was a great deal so I would strongly recommend if you can: 18.30-23.00, 4 and a half hours for 50 euros. Additionally, I had to do one Saturday morning during my 2 month placement.

Chef the service email: Professeur M-O Krebs. Secretary email: g.lohe@ch-sainte-anne.fr

Time-Off

You are allowed some days-off per placement. These have then to be discussed with the other 'externes' of the service and your consultant in charge. I would check French bank holidays before the start of the placement so you can decide smartly where you want to place your days-off.

Accommodation

Taking a step back, looking at what all my close friends did in Paris, I would personally strongly recommend getting university accommodation. Its cheap (much cheaper than private accommodation, around 350 euros a month) and usually is quite nice. The only disadvantage is that you could end up in areas of Paris that are not that nice. Some of my friends got private accommodation. It cost them around 900 euros a month which is a huge budget but at least you have the choice of where and how you want to live and the advantage of having a private space. It is just harder to find: AirBnB does not do long term let on its website and my friends had to move at least 2-3 times before they found somewhere stable. One friend even got in trouble with their landlords because websites were taking too much commission even though it wasn't their fault. He ended up having to move out prematurely of his flat and find something else last minute, which was incredibly stressful.

If you are still reading this: one thing that I would seriously recommend is getting in touch with Cite Universitaire. This is a place that no one had told us about when we arrived in Paris but that is actually designated for students arriving for only a short term period. It is not official university accommodation. It's an independent body that provides accommodation for students from all over the world but specifically for international students. You can take leases for 2 weeks if you need! This can be really handy if you have

taken private accommodation for 3 full months but have 2 weeks left and you don't want to pay another full month. It's also really handy if you are really stuck or in an emergency situation, they always have free rooms. The accommodation is in a really nice area of Paris next to a park called Parc Montsouris and easily accessible by public transport (RER B, amongst others which is my favourite train line in Paris). I heard really good things about it and two of my friends ended up living there because they were homeless and couldn't find anywhere to live. The only downside is that it is still a bit pricey: around 650 euros a month, all according to how long you stay.

Transport

I would recommend getting a monthly Navigo Pass for placement. It's 75 euros for a month (+ 5 euro for the card itself) that you can recharge every beginning of the month. 30% of that is reimbursed by Cochin hospital but you need to go and organise this reimbursement yourself (this is mentioned above). This pass gives you unlimited travel all over Paris and its outskirts so you can access CDG airport with the RER B, Disneyland with the RER A etc all unlimited! A must.

Money

Going to be honest here, Paris is not a cheap place to live in! I had the advantage of living at home, so some of my expenses were decreased compared to my peers but I still struggled to make ends meet. I think this is due to the fact Paris is such an exciting place, you want to do everything! So many exhibitions to see, films to watch and places to explore. Fortunately there is quite a lot of things that you can do for free. Most important museums offer free tickets for 12-25 year olds from the EU (This might change with Brexit... but for now it still applies!). However, most transient exhibitions will cost you around 10 euros to attend. Few tricks to keep in mind:

- Mk2 Bibliothèque cinema offers tickets for 4.6 during week days for students which is pretty awesome
- Bibliothèque National de France François Mitterrand offers a yearly pass to the library for 15 euros. It's a really nice library with really good working conditions. If you feel like working during your Erasmus for x or y reason, it's a good deal!
- Bouillon in Pigalle is a really cheap place to eat&drink French food (around 10 euros a main)

How to get more money:

- Get a French bank account as quickly as possible.
- Go to Hôpital Cochin Bureau du Personnel Médical (closed Tuesday morning and Thursday afternoon) as soon as you have a bank account with your RIB. In Paris, you get paid monthly as a medical student around 200 euros.
- Get a navigo, keep your receipt, and give that to Cochin. They will give you 30% off.
- Do some night shifts if you can. Almost every hospital will give you the opportunity to do night shifts in A&E or Psych A&E. These are really character-building experiences that I would strongly recommend and are paid around 50 euros for each 12 hour shift!
- Make sure you upload your learning agreement as quickly as possible. You will only get your Erasmus Bursary when you have it all filled in and complete. They give you a first instalment of 600 euros 2 weeks in. Unfortunately, they only give you the other

half at the end of Erasmus... which sounds very pointless but has to do with the fact that they need to check that you completed your placement as agreed.

French lifestyle

Talking from experience but also because I am French, French people (especially on the wards) will appear to you very direct. They might even sometimes come across as rude and arrogant. Just take all of this with a pinch of salt and if you feel like someone is being offensive just think that maybe it's just a cultural difference and that they don't mean to be negative towards you. A lot of my UK friends had some issues with that when they first arrived. This dissipated very quickly and after some time they realised that it is what makes the French so charming! The one thing that even as a French person I detest are strikes... They happened with both the railway service and AirFrance during our stay in Paris. This has made travel quite difficult for me so be prepared for that.

Cultural differences

Doing two medical placements in France gave me the possibility to intricately compare the two systems while observing many different aspects. I will try to explain myself by organising my analysis in different categories.

First, let's talk about the differences in terms of being a medical student in France.

1/ Medical School in France is 6 years. At the end of the first year, also called PACES, there is a national exam aimed to test students on general subjects such as maths, physics, anatomy and biology. They are ranked following this exam and around 20% of all students progress into 2nd year. This seems quite brutal indeed. However, that's how the system has worked for years. We also have a selection process. However, contrarily to France, this happens before entering first year and is determined on aspects which I found logical such as an interview and a motivational letter, all of which, I believe can show if you will be a good doctor.

Following first year, if you get through, you have 2 more years of theoretical work. Then during your 4th year, you start your "externat". Externat is 3 years of clinical work where your responsibilities change and you become more involved with patients. Your lifestyle also becomes more similar to the lifestyle of a doctor. Something that I found interesting is the fact that you had to ask for holidays during your placements and you were only allowed 5 weeks per. year. At the end of the 6th year you have another classifying exam called the ECN. The 8000 medical students of the country all sit the same exam at the same time. You are then ranked and depending on your ranking you get your speciality choice. For example, if you are ranked number 1 you could choose any speciality in any city in France. However, if you are last, you don't really have the choice and you have to take whatever job is left which is usually somewhere deep in the countryside as a GP or psychiatrist. This is a generalisation but that is what usually happens. This is also a notoriously difficult exam that French medical students prepare in 2 years!! Again, I find that this type of selection process for speciality training is quite odd. Additionally, there is no foundation training in France, which means that after medical school you go straight into your speciality. This gives you less time to think, less time to experience but also gives the possibility to have a quicker training process. 4 years after graduation you could be a qualified GP. I can only empathise with French medical students as their training programme does seem to be full of obstacles and

stressful peaks and troughs to get through. It's not for no reason that I had 3 medical students on my psychiatric placement as... patients!

2/ Assessments: In France, assessments are also very different. In the UK we have practical exams such as OSCEs, which although they are not standardised very well and seem quite subjective, do give the examiner an idea of how the candidate would act in a real life clinical scenario. In France, they have no practical exams, no communication teaching or assessment, no Situational Judgement Test, no UPSAs to do. This means you could go through the whole of medical school without being seen by another doctor and assessed on your abilities to speak to a patient or examine them. They are taught this at medical school but never assessed which I do find dangerous. When you think that in the UK, most complaints made to the GMC are about lack of communication, you really do wonder why not more French doctors are involved in a legal case.

3/ Responsibilities on the ward: Responsibilities on the ward are also incredibly different in France. I actually really enjoyed being a 6th year medical student in France as I really felt like I was an entire part of the team. I was asked to come to all morning handovers and was expected to give my opinion on the patients that I was following. In A&E I was meant to present the patients that I had seen and examined. In psychiatry I was meant to care for the patients that my designated interne was following. This was done usually more on a medical front, by arranging some additional investigations in case these were indicated. In this process, there was quite a lot of secretarial work to undergo that we just do not do in the UK as a medical student. In the UK, especially in 3rd/4th year, medical students are not usually at the forefront of a patient's care. Very much the opposite. We usually stand in the background, feel scared to ask anything and go see the patients alone, when no consultant is close. Although this secretarial work could seem a bit daunting and boring at times, it was actually very useful in terms of grasping the practicalities of a doctor's job. It made me realise that next year, I will have to arrange blood tests, imaging or get advice. All those things require a phone call or a form to fill and therefore my knowledge at this moment will probably come in really handy.

Now I am going to concentrate on the cultural differences put forward to me when observing people working as doctors:

1/ Relationships with patients

Globally speaking, there is a shift in the way the doctor-patient relationship is seen in France. Indeed, there is a move towards a more patient-is-the-expert way of seeing things that is quite close to the way we want to treat patients in the UK. Unfortunately, even though there is push, it is still very far from the standard set by the GMC. Indeed, I have seen some very patriarchal consultations, especially in A&E where the doctor doesn't really have time to explain everything to the patient and employs a tremendous amount of jargon, expecting the patient to nod and not ask questions. However, the French population is not dupe. I have seen a lot of patients replying back to their doctors saying that they are unhappy with the amount of information they had been given. The one place where I have seen things done very well was in Psychiatry where doctors really take the time to get the patient on board with their care. Educating patients is incredibly important in psychiatry for good adherence in terms of treatment and efficacy. I have seen doctors explaining ECT to patients, giving them all the statistics and letting them make the decision by telling them

that the decision doesn't have to be immediate. In terms of involving patients as well, I have seen very few DNAR conversations with patients and their families. I have the feeling that this has been that way because doctors consider this an entirely medical decision and don't feel necessary to involve the family. Although, in the UK, I do believe that this can in some cases, cause an intense amount of distress for patients who have not been made aware that the "red form" has been put in place. I don't even think there is a red form in France, which I also think is very bad. These discussions should be held with patients, from the very beginning of their admissions and their medical care, sometimes even in A&E.

2/ Medical differences

Overall, I believe patients are treated medically very well in France. Doctors have an incredible in-depth medical knowledge on the wards (probably because they have to work so hard for their exams). All my patients have always had the right timely investigations done and I have never been dissatisfied by the care provided to a patient in terms of their medical diagnosis. Sometimes, I even thought that patients might have been over investigated for some complaints such as getting CTPA for chest pains that were definitely not PEs (i.e. low Well's score) etc... However, saying this, I will argue that if I was ill I would come back to France to get treated. I know this sounds controversial considering what I have said above but when waiting-times are shorter and you are still treated effectively, I think you do end up getting better medical care in France.

3/ Prescribing

Prescribing was also very different in France. First of all, the first thing that has shocked me is that fact that every single drug is prescribed more in its branded name than the generic name. This was very odd for me to get used to especially in Psychiatry. Indeed, I was used to using Olanzapine, Quetiapine or Arapiprazole but in France everyone used Zyprexa, Xeroquel or even Ability for those same drugs. I created a little abbreviation list on my computer to feel less lost and after a couple of weeks it got better. However, I noticed that on A&E, some decisions involving prescribing were a little bit strange. There was no local formulary for antibiotic prescribing. In Wythenshawe, we had microguide, that used data on antibiotic resistance in the local area to advise us on which antibiotic to use. In France, it felt like it was very much the doctor's decision. I observed that every doctor has his own little favourite antibiotic without necessarily being backed up by any evidence-based medicine. Additionally, there didn't seem to be much advice taken from the microbiologists in terms of choosing the antibiotic. I also don't think people systematically did blood cultures or urine cultures in order to check sensitivity. Hypothetically, maybe that could be the reason why antibiotic resistance is more a thing in France?

4/ The place of the GMC equivalent in France.

In the UK, we have the GMC that works with doctors for patients. This means that it is there as a regulatory body that makes sure that all doctors work according to the same standards. If a doctor does not adhere to those standards then it is the GMC's duty to make sure that a tribunal judges the issue and enforces a sanction. This can range from a simple warning or nothing at all to being struck off the register. The GMC is notoriously very thorough and sometimes is seen as a real threat to doctors. Especially with what has happened recently in the news, some clinicians argue that the GMC does not work with doctors for patients but rather against them. What is certain is that no one would want to come across a GMC

hearing. In France, interestingly, it does not seem that doctors get scared of their regulatory body l'Ordre des Medecins. Even though I have heard a couple of doctors saying that it is really important to document everything thoroughly in the notes, I thought that there was less standard in medical care. In other words, clinicians weren't scared of anyone coming running after them for any complaints made by patients. It almost felt like the patients were the ones scared to complain against their doctors and that the doctors themselves were scared to complain about other doctors. I really do not think that "whistle-blowing" is a thing in France, people do not report their colleagues even when they probably should.

5/ Working in France

Working in France as a medical practitioner is definitely very different than in the UK. I thought that on the French wards, there was definitely less apparent hierarchy. Everyone had a very definite role but all healthcare workers interacted with each other without there being any differences. For example, sometimes you could not tell who the consultant, the junior or the nurse was, especially when everyone wears white coats. I thought that was very good. In the UK, everyone knows who the consultant knows and everyone ward round is incredibly consultant-lead, same for handovers. I also really enjoyed little things such as everyone saying "bonjour" to everyone on arrival. However, I do not think I would be able to work in France. Firstly, it looks like getting jobs in hospitals is done by pulling strings and networking. Secondly, some departments are incredibly under pressure even more than in the UK. This is happening especially in A&E. I have heard many A&E registrars saying they are in the process of quitting their jobs. Finally, I don't think I would work there also because of the doctor-patient relationship that is changing but still has a long way to go to reach UK standards.

Little things to know that you will ask yourself at some point:

- No, you do not need to do French exams even though you will receive emails about it!
- You do not need to attend classes during the afternoon even though someone might talk to you about it.

Useful contacts for Paris Descartes:

AMPC Amical Medecine Paris Cordeliers (Medical Society at Paris Descartes)
ampcfusion.contact@gmail.com

Erasmus Society EIAP contact@eiap.fr

Ask to be on the externes mailing list for information and shifts to take at ml-externes@googlegroups.com

Erichetta Mazerat your Erasmus coordinator erichetta.mazerat@parisdescartes.fr

Enjoy, it will be one of your favourite experiences at Medical School!