

ERASMUS REPORT

Paris Descartes

I decided to do European option at first because I am bilingual and speaking French is something I have done since I was little. I started attending French classes in 3rd year, and I remember enjoying the discussion of specific themes every week and realising that I actually like the french language. I found the classes to be quite interesting in the sense that they were varied and had different activity sessions. We had presentations on the different cities of France and Switzerland and their particularities, and we also covered topics outside of medicine like politics and environment, which made it so much more interesting.

In addition to enjoying the French language, I wanted to make the most of the opportunity to experience the healthcare system of a different European country. I knew there would be similarities and differences but having experienced it now, I realise that it was definitely worth it.

I had been to Paris for my 3rd year PEP and hence expected it to be quite similar this time round. For my PEP, I did a placement in Obstetrics and gynaecology and since we had not yet covered it at that time in Medical School, I learnt loads on the placement itself. Everything was new since it was my first time in Paris, so there was the excitement and the thrill of being in a new country for 4 weeks. We had visited quite a lot of places there, got acquainted to the transport system, the food and the culture of Paris.

When I went back this time, I felt that feeling of familiarity. I did not feel excited to be going somewhere new like the first time, because I knew the place already. This time round, I was staying in the 18th arrondissement with 2 other students. We had booked an Air BnB flat and we got a good deal for 4 months with 2 bedrooms and 1 sofa bed. The apartment itself was big considering the size of other apartments in Paris and quite spacious inside, although a bit old. We had a kitchen, bathroom and TV set as well. Bills were excluded

but the flat was well insulated so we did not have to use a lot of heating. Our apartment was next to the metro station Marx Dormoy where we could take metro line 1 to go to the centre. The line ran across Paris but did not go to the main famous areas. Hence I often found myself having to take 2 or 3 metros to get to the nice places of Paris.

Talking about the area itself, it was not the pretty Parisian architecture and cobbled streets, it was an area quite similar to Rusholme, but it was cheap and having the metro station right next to us meant that it was safe as well. There were loads of kebab shops around and the Gare du Nord station was a 10 min walk from our place.

Grocery shopping was quite interesting since fruits and vegetables were a bit more expensive than here, and you have to know which supermarket to shop at. There were a few Lidl shops around where everything was cheap; otherwise Monoprix is a good bet too.

Cooking at home saves you a lot of money in Paris so I would definitely recommend that. Eating out is expensive but you cannot miss on the French gastronomy. Crepes are really the best; any crepe shops where they make crepes freshly will be good. My personal favorite is the sugar and lemon one but you cannot go wrong with the Nutella one. The best creperie we have been at in Paris was La crème de Paris at 4 Rue du Faubourg Montmartre in the 9th arrondissement. They have good gauffres there too; I liked the gauffre avec caramel au beurre sale. It was heaven on a plate. Their savory galettes are nice too.

There are different cuisines worth trying in Paris after having tasted their French food. Belleville is one of the places where there are many individual restaurants with Vietnamese, Korean or Chinese cuisines that can be very tasty. The restaurants are usually tiny inside but do not be put off by the size of it.

Belleville also has a park at the top of which the view of the skyline of Paris is incredible. Next to it is rue Cremieux where the houses are multi-coloured and very “Instagram-able”. Other places which have nice views for free would be Sacre Coeur Monmartre, the 7th floor/roof of galleries La Fayette at Boulevard haussman, top of tour Monparnasse.

I did my first placement in Paediatric endocrinology in Necker hospital. There are two metro stations nearby, the sevrès le courbe one and the Pasteur one. Both of them have lines accessible to most parts of Paris. Necker is very central and is about 15 minutes walk away from the Eiffel tower. I was in a team of 'externes', what medical students are called in France, and there were 5 of us. The placement is particular in the sense that I was in a day ward, where patients came in for reviews and did not stay overnight. I shadowed one of the externes for a week and then I was allowed to clerk my own patients without supervision. Medical students in France have a very hands on experience. I had to take a history from patients and their parents, do a full examination, write it in the notes, both written and computerised and then present it back to the 'internes' or junior doctors as we know them here. My first time doing so, I lacked confidence especially because I had to do everything by myself and they had high expectations from me. The patient was a 12 year-old boy who came in because he was being teased by his peers for his short height. It turned out to be a case of pubertal delay due to Growth hormone insufficiency. However,

However, after clerking 7 patients per week I quickly became very at ease with the language and the way to approach awkward situations. I often talked about school and friends with kids and that seemed to get them more comfortable. I often saw patients with pubertal problems due to hormone deficiencies, and realised the psychological impact it can have on children. I also saw quite a few children with Prader Willi Syndrome, since it was a field of interest of my supervisor. These patients had major eating disorders, to the point where parents had to lock their kitchen to keep them away from food. They had behavioural issues and sleep disorders. It affected not only the child but the whole family and the parents had to be very involved in the management of the child since food had to be weighed for every meal, the child demanded reassurance and comfort at night when they could not sleep and they had to have a coping mechanism for the many tantrums thrown by the kid. It required a family effort to ensure that the child was being given adequate care. There was a whole multi-disciplinary team

involved in the management, especially psychologists who had a crucial role in giving parents coping mechanisms and supporting the child psychologically throughout. I also saw a lot of patients with type 1 diabetes, especially teenagers who rebelled against taking their insulin. A few of them came from A&E having been admitted with ketoacidosis. They often miss their insulins or take them at random times. They decide not to check their blood sugar levels and often do not care about their calorie intake when they eat out or go out with friends. They were kept in to be educated about the effects of diabetes in the long-term and how to inject their insulins. Also, they had appointments with dieticians to educate them about what type of food to eat and when to eat those. It was interesting to note that they were not told to never eat a certain group of food, like fries, but just to eat it on occasional days and in small portions. Hence it reduces the cravings they might have and decreases the potential binge eating.

I also had to assist multi-disciplinary meetings with consultants, junior doctors, medical students, nurses, dieticians, diabetic specialist nurses, psychologists and sometimes radiologists every Tuesday and Thursday to discuss cases we have seen during the week. We saw some cases where the parents were first cousins and because of consanguinity, the child had multiple malformations and electrolyte imbalance. Some of them have had genetic tests for years and were still waiting for a diagnosis.

Most of the time I was in the hospital from 9 in the morning till 1 or 2 in the afternoon. They had lectures in the afternoon at Paris Descartes which were optional for us since we were not sitting any exam.

The interns there were friendly and nice but they often left us externs to fend for ourselves. They did not like to be disturbed because of unimportant matters. For example I often had to look for missing patient files around the hospital because the

interns would tell me that I am in charge of the patient and it is my responsibility to keep the file ready for the weekly meetings. However when it came to seeing patients and presenting them back, they showed patience and understanding, especially at the beginning when I was not very comfortable with the french medical terms and the way of presenting patients back. They did not have the SBAR format that we use here, they presented patients starting with their medical history first, then history of presenting complaint and the rest. Even notes were written in that order. The medical students/ interns were very helpful. They always showed me how to use computer programs and help me out when I was stuck with a patient not knowing how to clerk them. They had specific forms for every conditions which made it easier since sometimes I had to do a full yearly review instead of just taking a history.

There was also a weekly meeting on Friday where we each presented the patients we had seen and discussed it with consultants who had the blood results with them. We had to know how to interpret those (but we learnt quickly after the first meeting) and tell them our opinion on how to manage the patient. That was intimidating at first because there were about 20 people around the table, but they turned out to be very encouraging and understanding and that made me so much more confident as the weeks went by. By the end I no longer dreaded the patient presentations on Friday but instead did it with confidence. Overall, my placement in paediatric endocrinology was a very good one in the sense that I learnt a lot about the different conditions and their managements, and I realised that just being in the hospital everyday was enough to pick up both the language and the different medical terminologies they use there, even the acronyms. Presenting cases every week made me more confident to speak in front of a group of people and enabled me to better understand the cases we were seeing. The multi- disciplinary team discussions were enlightening too since it gave me a complete perspective of a patient's management from all angles, such as the diabetes

specialist nurse or the psychologist and even the social worker. Having a broader picture of the life of a patient meant that doctors were able to have a better understanding of the causes and the effect of the condition on the patient and their immediate environment.

My ENT placement at Georges Pompidou was very different from my first one. The area was a nice one, it is close to the seine river and the hospital itself was a new one with great facilities. It can be reached by 2 metros, line 8 and RER C. Both are quite close with only a 5-minute walk away from the hospital. For me it was literally at the other end of Paris since I was living in the 18th arrondissement up north and the hospital was in the 15th arrondissement down south. I had to take 2 metros which took me around an hour to get to the hospital. It would be wise to check where the hospitals are before choosing accommodation and making sure the metro lines will take you to the hospital without having to change metros too many times. For this placement, we were supposed to be in 2 to 3 days a week since the consultants worked in other hospitals as well and we were not expected to go to the other hospitals. Also, it did not have any on-calls for students which meant I did not have to do any. We were supposed to go to clinics in the morning or to theatre. My supervisor was doing private work as well so he would work just 2 days a week. We had teachings every morning though, at 8.15 am. In surgery, we need to get there at 8.30 am in Paris. The teachings were very useful. I remember the first day I was sat at the front and the tutor asked me to interpret a CT scan showing a nasopharyngeal mass. Since here we don't usually interpret scans at this level, I was not that confident with it, but I noticed that the rest new how to do it. They were well acquainted with interpretations of CT and PET scans, so I had to learn fast to be able to do it too. This is one more thing that is different between here and Paris. The medical students learn so much more from their placements since they have hands on experience. I was allowed to do a few of my own consultations, including doing the nasal

examinations and the endoscopy. The first time, the patient cried of pain when I did it. This taught me to always use local anaesthetic, which made it go so much smoother afterwards. It really builds confidence and I feel like I have the competence to do an ENT consultation now after the placement. I also often had to take short histories and present them back. In theatre, it was pretty much similar to the UK, except that medical students acted as scrub nurses. We were the ones handing the instruments to the surgeons and had to learn the names pretty fast to avoid a telling off! Same went with ear was aspirations, we were the ones handing the equipments and suctions. We were also expected to stay back and help move the patient from the operation theatre. I did not know this until I was held back by one of the nurses who was not impressed. It was a very good placement overall mainly because I was allowed to do a lot by myself and that enhanced the learning experience. However I missed the social aspect of meeting up with other externs in this placement because we were mainly with the consultants.

Communication skills wise, there was a striking contrast between the French and the British system. After the many many communication skills sessions we have had here in Manchester, I assumed everyone knew the calgary cambridge history taking format and everyone followed the proper order when performing examinations. To my surprise, the doctors there had little communication skills. I often saw bad news, mainly ENT cancers, being broken in a matter-of-fact way. They did not consider the psychological impact it might have as much as we do and just moved on to the management plan, very rarely asking the patient about their feelings after having broken the news to them. They are very knowledgeable though, the medical students are very hardworking and know the details of everything. However when it comes to examinations, they do not have a proper order of doing things, which sometimes led to some signs being missed. Even during my paediatrics placement, I often noticed parents being confused about the

diagnosis of their child because it had not been explained well. A parent had asked the doctor if type 1 diabetes ran in the family because the grandad had type 2 diabetes and the doctor just said they are different types without further explaining the difference. Hence the parent was left with the guilt that their eating habits had caused the child to get diabetes even though they tried to eat a balanced meal every time. I tried to explain the difference afterwards emphasizing the importance of a balanced meal but also explaining the autoimmune side of things which made them feel a bit less guilty about it. That said though, care of patients in Paris was still excellent, the doctors were very knowledgeable and hardworking and I learnt a lot, on a daily basis.

Regarding the social aspect, we joined a few erasmus groups in Paris, which organized so many activities. My favorite was the macaroons workshop I went to, called papybio in Belleville. He showed us how to make macaroons from scratch and had so many for us to eat there. It was my first time trying a savoury macaroon although I prefer the sweet ones. The erasmus organisations also had so many trips planned, all by coach though. We went to côte d'azur with one group, it was a 12 hours journey by coach, but since we were in a group, it was enjoyable. The views were breathtaking and that made it all worth it. We saw red carpets of Cannes and the many yachts in Monaco. It was also a great opportunity to meet other erasmus students and make friends. I met people from Italy, Spain, Germany, California, Australia, it was an experience that I will treasure forever. I also went to Normandie and Mont Saint Michel, which I would recommend in good weather because the sight is splendid and the little shops there are too cute to miss. Otherwise Paris has a lot to offer itself. With the navigo decouverte pass, which is 73 euros a month, we travel in zones 1 to 5. And the card was partially reimbursed by the hospital so do keep your receipt every month and hand it in before the 10th of the month. There is the Versailles Palace which is a must to visit in late April or May since that is when the Garden is open.

The palace itself is beautiful to visit but the charm lies in the many many water fountains they have in the garden. It is massive as one would expect it to be, we easily spent a full day there. The queue was about an hour to get inside but well worth it. Disneyland is another place I would recommend going to if you having been yet. They have tickets as cheap as £37 if bought on non-peak days and the atmosphere and attractions are what dreams are made of. If you're looking for more thrills, probably the Asterix and Obelix park will be better for that though.

All museums in Paris are free for those aged below 26 so it would be very smart to make the best of that. The very famous ones are the Louvre museum, Musee d'Orsay but museums like Les Invalides have a lot to show as well. I made a list of all the interesting ones and went to one every week. It was good cultural enrichment!

Regarding the bank account, opening one with Societe General gave us 100 euros for free since we were erasmus students. Other banks offering that requested that we were students for at least a year. The medical students in Paris also get paid, so it is important to get a french bank account and hand in the details to Human Resources. It was around 200 euros per month. And since the navigo decouverte monthly pass was partially reimbursed too, I would highly recommend buying one so you do not have to keep count if the individual metro tickets. Metro is THE way to get around Paris since it is not affected by traffic, but the days where the metros would be delayed. The bus is a good way to go around too, during non-peak hours.

The international relations officer at Paris Descartes were very helpful, both Erichetta and Anne and they were quick to respond to any email sent. They organise an afternoon welcome tea which is an opportunity to meet other students and speak to the people in charge of Erasmus.

Lastly, but most importantly, sorting all the documents early on is essential. With finals around the corner, it is hard to think about anything else, so I would recommend sorting the EHIC card and other paper works in November itself to avoid last minute panic. Also, make sure to check if visa is required for international students and apply as early as possible so that everything is sorted. We depart just a week after finals so there is no point leaving anything to be sorted after exam time.

My time in Paris was unforgettable, with many many memories to cherish and a fantastic experience in the ap-hp hospitals. It was a real pleasure.