

UNIVERSITE DE PARIS DESCARTES



EUROPEAN OPTION

Before starting my medical studies at Manchester, I had never heard of the European studies option. However, it appealed to me as soon as I was told about it. France had always been a country I looked up to and therefore the idea of spending 4 months there sounded like a huge opportunity to discover the country and its cultures further. I considered myself rather fluent in French already hence my main objective was to focus on my medical French.

From the 5 different cities we had to choose to do the Erasmus elective in, Paris was my first choice since spending 4 months in a city was a long time and hence Paris seemed to be the place that offered more activities and places to visit. Furthermore, it was much easier to travel from Paris to visit other regions in France.

Living in Paris

ACCOMODATION

Different options are available:

>> Two friends and myself decided to look for a 3 bedroom flat on airBnB. We managed to find a nice flat in the 18th arrondissement around La Chapelle. Foreigners and immigrants mostly lived in the area, however I felt very safe.

>> University Crous: equivalent of University Accomodation, this didn't appeal to me since the idea of living in a University Hall and sharing the kitchen and bathroom with strangers did not appeal to me. However, it can be a useful way to meet people and practice speaking French. To find out more, email Erichetta (contact info below) or check out the Paris Decartes website

>> Host family: Having spoken to students from other countries, living in a host family seemed to be a common thing to do. However, 4 months seemed to be like a long time to be living under someone's roof and under their often not very favourable rules.

TRANSPORT

Different options:

>> Get a **naviguo pass**. It costs 5 euros to get one and the monthly pass is 73euros in total. It gives you access to unlimited travel through metros, trams, trains and buses throughout Paris and the suburbs (zone 1-5). You can even travel to Le Chateau de Versailles and Disneyland with it. You can get reimbursed 50% of the monthly ticket pass on presentation of your receipt at the Human Resources office at your respective hospital.

To note that the metro stops at 1am on weekdays and 2am on Fridays to Sundays. They start running again at 6am.

>> **Velib:** A yearly velib pass costs 30euros and gives you unlimited access to the bicycles throughout the year. If you are keen on cycling, it is a good option to go for since the bike lanes are clearly marked around Paris and you can quickly get used to their cycling rules even though the roads can be quite busy with cars and buses. A 24h velib access costs £1.70, with the first 30mins being free, for every additional 30mins, you are expected to pay 1euro.

>> Download the **citymapper app**. It is free and gives you the cheapest and quickest ways of travelling to places in Paris. You can also easily find out where the velib stations are and it also gives you an approximate Uber price if you were to travel by cab.

It is impossible to get lost in Paris!

VISA

If you are a non-european student, make sure you make arrangements to obtain a visa prior to starting placements. Some of my friends left it for last minute and hence they had to miss the first few weeks of their placements.

TRAVELLING

As student from the university of Manchester, we are lucky to sit out finals in January, hence we get the rest of the year until graduation to relax. Unless you plan to take a year out during your training, I believe there will never be a time in our career where we will get that much free time. Some of the Erasmus placements can be tough but most of them are half days and you're also allowed to take a week off at any point during the placement. Therefore, it is important to make the most of this time to pursue other things. Because I had not visited much of France before and the rest of Europe, I thus travelled quite a lot during those 4 months. I had the opportunity to visit Belgium and Switzerland.

Moreover there were organised trips by several Erasmus associations which were affordable and easy to join, the main ones being To be Erasmus in Paris and EIAP (Echanges Internationaux à Paris). I thus had the opportunity to go on a trip to the French Riviera (La Côte D'Azur) which included towns like Cannes and Nice. The second trip I went to was to Normandy where I visited Le Mont St-Michel. These organisations also tend to host regular parties (including boat parties on La Seine) and day visits in Paris itself at places such as Le Louvre museum.

Hospital placements

FIRST DAY

On your first official placement day, make sure you meet Erichetta at the International Resources office at Paris Descartes University (Metro Odeon) to put all the administrative paperwork in place. You should bring with you a passport photo, your ID, a copy of certificate of arrival and your European Health Insurance card (EHIC).

You should apply for your **EHIC card** early since it can only be posted to an English address and hence you want to have it before travelling to France.

Next, go introduce yourself to your respective placement team, they will hopefully be very helpful in showing you around and briefing you on what their expectations of you are.

Try to visit the human resources office at the hospital as soon as possible after you have opened a bank account to set up a payment system so as to receive a monthly salary.

Not all banks provide facilities to open a bank account for a short period. The shortest time they ask proof for is usually 6 months. However, the bank Société Générale frequently deals with Erasmus students and therefore agreed for us to open an account with them.

Placement 1: Accident and Emergency at Hôpital Paris Saint-Joseph

Since I had never been placed in A&E previously in Manchester, I decided to do my European studies placement in A&E so as to gain more exposure to more acute cases. As a medical student, I was expected to see my own patients and record a full observation of their clinical state. After I had presented my patients to a more senior member of the team, I was asked to give a list of differential diagnoses and to suggest a management plan. We discussed the patients further after we saw them.

Overall, I felt that I was very involved in the team and aware of what was going on in a patient's journey in A&E. Since I had specific roles in the team, I felt like I had a purpose and felt useful as a medical student. The variety of presenting complaints also allowed me to put into practice all the clinical knowledge that I had gathered during my clinical years.

As part of the placement, I also had the opportunity to perform suturing for the first time on a patient under the supervision of the junior doctor. I also learnt how to manage wrist and elbow fractures and how to apply a cast.

A&E routine:

My placement in A&E at Hôpital Saint-Joseph started at as early as 8.30 and ended at 18.30pm. However I was expected to be in only 2-3 times a week. First, there was a morning handover meeting where all the patients seen by the on-call team were presented and discussed about. This usually lasted up to one hour sometimes. I would then get a cubicle and start seeing patients as from 9.30. Mondays were always busy and there was never a chance to get a break before 15.00pm. For the rest of the weeks however, the mornings were most of the time quieter with occasional 15-30mins gaps between patients. This allowed the opportunity to discuss cases further with the more senior members of the team. Speaking lay french with patients was not a problem, neither was performing a full clinical examination. The part that I found that I struggled with the most at the beginning was doing case presentations to the head of the team after I saw patients on my own. However, with time, I seem to have gotten better and faster. At 14.30pm, there was a second staff meeting to discuss about the patients that were seen in the morning. Lunch time was not fixed, so every members of the staff would have lunch at different times. I usually had lunch just before or right after the second meeting depending on how busy it was. The afternoons were however a lot busier on everyday of the week and hence I would see patients one after the other up until 18.30pm. In average I would see approximately 8-10 patients on one day. After a while I realised that the presenting complaints were more or less the same ones all the time with chest pain, dizziness, headaches and falls being the most frequent ones. Most of the time, they were not caused by anything serious. The serious cases that I saw occasionally were renal colics, fractures, occupational injuries and acute leg ischemia. Once a month, there was a scientific day, where there were lectures on relevant topics all day for all the members of the team. Overall, the placement was very busy and varied.

Placement 2: 'reanimation médicale' at Hôpital européen Georges-Pompidou

My second 2-month placement in France was in ICU. I was assigned two to three patients at any time through the placement. My role was to review the patients on a daily basis until they were discharged off the ward. By doing so, I was able to further develop my skills in data interpretation and put together the clinical observation, the blood results and the imaging findings in order to get a complete picture of the patient's condition. Very often the cases were complex because of co-morbidities and multiple complications arising.

Throughout the placement, I learnt a lot about airway management and how to monitor patients' clinical state using ABG results. I was able to further develop my understanding of how some complex conditions such as ARDS and acute kidney failure are managed in practice.

Among the practical skills, I was able to perform ABGs, ECGs and urinary catheter insertion on a regular basis. This served as a good preparation for the foundation years.

On a regular day, I was expected to present my patients 3 times during the day; the first time was to the junior doctor with whom I would discuss the case further, the second time to the consultant during the morning ward round, and a third time during the lunch time MDT meeting. This prompted me to know my patients thoroughly. It was also a huge opportunity to further develop my presentation skills.

ICU routine:

During my time in ICU, I was expected to be in every day, from 8.30 to 13.30 on weekdays. I was also expected to do a few night shifts throughout the placement. On a regular day, there would be the morning handover meeting where all the significant events of the night would be discussed. Following that, we student would all go to our respective bays. The ICU consisted of 20 beds and 3 bays, and the bay I was in had 6 beds to be shared between three of us. Hence we were all responsible for 2 patients at a time unless one of us was on post-night shift day off. My main task was to review the patients fully. First, I would introduce myself if the patient was conscious and have a chat with them as well as examine them, next I would look at their charts to see if anything significant happened in the previous 24h. Finally I would review the blood results and the other complimentary investigative results before discussing the management plan with the junior doctor. at 11am, there was the consultant visit where I had to present a detailed summary of the patient. Further discussions would take place. At 12pm, I had to present a more concise version of my histories to the rest of the staff at the lunchtime meeting. this would mark the end of the day.

England v/s France

HEALTHCARE SYSTEM

From my perspective, there seems to be more abuse of the emergency department in France than in the UK. From my experience of my A&E placement, I have seen patients presenting in A&E to request for a repeat prescription or for mild psychiatric issues. However, they seem to have a very good triage system where first the patient is sorted into two categories- fast and slow-track depending on the severity of the cases, and secondly into different colour categories according to certain factors- such as age, presenting complaint and co-morbidities. This seems to be an effective way of seeing patients promptly and avoiding delays.

The healthcare system in France is not entirely free as compared to the UK. The health insurance company that the patient is subscribed to caters for a large sum of the cost; however often there might be additional costs that are paid by the patient himself.

Moreover, from my personal observation I have noticed that less emphasis is put on following strict ANTT rules despite having set infection control guidelines in every hospital. Alcohol gel, for example, is available everywhere in the hospital but less frequently used. 'Bare below the elbow' rules and 'no watch wearing' policies do not apply.

In France, doctors are allowed to dress informally at work. Even consultants wear jeans and open-toe sandals to work everyday. White coats are still compulsory however in ward areas.

There seem to be differences in the patient-doctor relationship as well. It varies from doctor to doctor, but from what I have observed, there is less of a barrier and medical staff has a more friendly and informal approach. Patients also put more trust in their doctors and never question their decisions.

UNDERGRADUATE MEDICAL EDUCATION

Medicine studies in France are 6 years long. The first and the last year's final exams consist of national end-of-year competitions where the students are ranked against each other according to their scores. The chances of failing the first year can be really high and thus the student is not allowed to pursue their studies in medicine unless they sit the year for a second time. The ranking in year 6 defines the specialty and the area of France where the student will be undertaking their further training. Hence, the students here seem to be under a lot more stress and pressure to excel. Their course consists of different modules such as microbiology, pharmacology and pathophysiology that they are expected to know in details for their semester exams. Most of the teachings are delivered in the form of lectures.

CLINICAL PLACEMENTS

The clinical years start as from year 4. However, each student has specific roles in their respective teams as compared to the UK where most clinical placements consist of observing consultations and procedures. The students are often considered as the junior member of the team and have daily tasks assigned to them. In certain departments, the students are usually the ones presenting all the patients during ward rounds and department meetings. I found that the more active involvement of students in France is a better way of integrating them in their respective clinical placements. The students also receive a monthly salary of approximately £150 and additional £40 per night shifts. A mandatory number of 16 night shifts are required in total per clinical year in order for the year to be validated.

However as part of their training, less emphasis is put on learning communication skills as it is in the UK. Never during their 6 year training will they receive teaching sessions on breaking bad news and the importance of ICE. This is greatly reflected on the way the doctors express themselves in their daily encounters with patients. It becomes quite obvious that doctors in France lack the tact in handling sensitive conversations with patients and their relatives.

TRAINING PROGRAMME

After the 6 years of medical school, the student directly enters their specialty-training programme according to the final national exam ranking and becomes an intern, which is equivalent to being a core specialty trainee. The specialty training then varies between 4 to 6 years depending on the specialty. They then do 4-6 months rotations in the relevant specialty and other related services. Throughout those years, there is no distinction between doctors at different levels of their training. They are expected to all undertake the same amount of work and responsibilities. There is no foundation programme as in the UK. However, a large part of what consists of the foundation doctors job is done by the student. Nevertheless, the prescriptions are to be done by qualified doctors.

Personal experience

Linguistic development

At the start, I was using a lot of English words in my sentences when I struggled in finding the right word in French. But as time went by, I did so less and less. Four months through, the placement, I now feel more confident at conversing in French. Moreover, I feel that my medical French has improved a significant amount. My case presentations now sound a lot more fluent.

Inter-cultural understanding

Growing up, I had the chance of watching a lot of French TV programmes and reality shows. However, it never struck me before how much the French and British culture differs from one another.

The people. The French people seem to be more reserved and less welcoming to strangers at first. However, as time went by, I found it easier to gain their attention and bond with them. It demands a lot of effort to approach them at the beginning but once this is done, they tend to become friendlier.

The food. French food is completely different to the British food culture. We found it difficult to find certain items from the supermarkets, such as tea, hummus and chilli sauce. So my ultimate advice is to bring tea from the UK. Apparently drinking tea with milk is considered as being a disgusting thing to do! The French however drink a lot of strong black coffee all day. You'll find that they'll go on regular coffee and cigarette breaks, which students tend to join as well. However, French food itself tends to be popular and Although I have not tasted anything more than the Galettes and Raclette. If you're feeling adventurous and are a foodie, there are loads of bistros to try around town. I might not be the one to ask though.

FUTURE PLANS

Having spent 4 months working in the French Medical system, I now have a better understanding of how the health services work there. Although there are major differences as pointed out above, the idea of going back to France to work at some point in the future appeals to me.

This experience has also tested my ability to adapt and work in a completely different environment. This will be useful in the future since I do not intend to work in the UK for the rest of my life.

PRACTICAL BITS

- Sort out your accommodation early
- Order an EHIC card
- Make Visa Arrangements during Christmas holidays (for non-european students)
- Get a naviguo pass
- Download Citymapper
- Don't get intimidated by the French and speak as much French as possible
- If you're a tea addict, bring your own tea from the UK!

USEFUL CONTACTS

Erichetta MAZÉRAT

Service des Relations internationales

Faculté de Médecine, Paris Descartes

Phone: +33 (0)1 53 10 46 34

Email: erichetta.mazerat@parisdescartes.fr

