

# European Studies Report

**Berlin 2017**



## **Inhalt**

Why European Studies? .....	2
Living and Working Experience .....	2
Emergency medicine .....	3
Infectiology and pneumology .....	3
Trauma and orthopaedic surgery .....	4
Anaesthetics .....	5
Gained experiences .....	7
Practical information .....	8
Prior to departure .....	8
On arrival .....	9
Before leaving .....	11
Addresses, phone numbers, contacts .....	11

## **Why European Studies?**

I decided to do the European Studies programme during my preclinical years at St Andrews University knowing that I would transfer to Manchester. Since I am a native speaker and grew up in Germany I liked the idea of experiencing a different health care system to the one in the UK. The NHS has many daily challenges and I wanted to see other ways of dealing with them and different work ethics. I chose Berlin over the other places in Germany because I missed living in a capital city after my three clinical years in Preston with its cultural differences and challenges. The Charité has been renowned for the discoveries and advances in medicine by Rudolf Virchow and colleagues and is nowadays still famous and marked by its history. Most importantly I wanted to improve my medical German. Despite having weekly language lessons two years prior to the Erasmus trip I didn't feel comfortable taking histories or presenting examination findings in German before the start of the placement. From the European Studies Programme I also hoped to be able to make up my mind whether I would want to stay in the UK and work for the NHS or prefer another healthcare system.

## **Living and Working Experience**

Berlin, being the capital of Germany, is a huge city with a very large and initially confusing public transport system. It took some time until I got familiar with the different trains and buses, and found that having an iPhone app was indispensable. Since the hospitals of the Charité and Vivantes are spread across Berlin it is impossible to find a place to live close to them all, therefore expect a commute of 5-60 minutes. Gladly the Charité ID card also includes free public transport and therefore easy access to both airports in Berlin (Tegel and Schönefeld) and national rail.

In order to be reachable during the day I would recommend getting a German SIM card with minutes and data. I was lucky enough to have free roaming within Europe but the speed was so much slower compared with the German equivalent and most departments preferred if you gave them a German contact number.

I found that people in Berlin were very helpful and friendly, especially when it comes to customer service compared to the UK. Even at work they were very close and friendly towards one another and patients, greeting them and always having a smile on their faces, which I rarely experienced back home in England. What you will have to get used to is the "Berliner Schnauze", which comes across as rudeness but I realised it's just the way of some people and you shouldn't take it personally.

Due to the long hours at placement and the fact that I was travelling a lot back home and visited family in Germany I sadly didn't get to spend that many weekends in Berlin. The little time I had however I explored the city, went to museums, shows and exhibitions. I attended guided tours and discovered lots of lovely independent cafes and restaurants. There's always something to do in Berlin and I would recommend

spending as much free time as possible outside discovering the city than inside (even if it's pouring down). Be warned though that you won't be able to use your debit card for any small purchases. It's best to always have a bit more cash with you since a lot of shops in Germany still don't accept card payments.

In the info pack you will get from the Erasmus office there's also the mention of the Erasmix team which consists of students from the Charité who organise social events for Erasmus students. Sadly during the time of our placements there were semester holidays and exams and not many events on. However, you will meet the odd international student on placement or even German students who are mostly very sociable.

### **Emergency medicine**

The A&E placement was my first and organised through Erasmus at the Vivantes Humboldt Klinikum close to Berlin Tegel. My days started at 8.00 and I usually finished on time at around 16.00, in order to attend both handovers. On Fridays there was teaching at the grand meeting with one of the doctors giving a presentation about a topic related to patients they had in hospital over the last year or so. The team in A&E was really lovely and welcoming, introduced me to the department and asked me what things I felt comfortable doing on my own. I was able to clerk and examine patients on my own, then present them to one of the doctors and talking through possible differentials and investigations I would organise. We then saw the patient again together and organised the work up together. I had the opportunity to take bloods, put in cannulas and give IV medication. I was taught how to use the ultrasound machine on patients with renal failure or cholecystitis. I was actively involved in the management of acutely unwell patients with infective exacerbation of COPD or an anaphylactic shock. I explained and gained consent for interventions from patients, wrote letters and discharged them. I would highly recommend this placement to anyone because I feel so much more ready for the foundation years now, but because of the work you are allowed to do it might be advisable to do it at the end of the placement after getting used to the terminology and the language a little bit more.

### **Infectiology and pneumology**

I actually wanted to do infectiology to be able to see rare diseases since doing the European studies programme doesn't give you the opportunity to go abroad outside Europe. On the first day of the placement I realised however that it was more like a respiratory firm with patients with bronchial cancer and infective exacerbation of COPD. The department was placed on the cardiology ward at the Charité Benjamin Franklin Campus and consisted of 6 beds. The patients usually stayed there for 2-3 days in general and received chemotherapy or investigations such as CT, ECHO, lung function tests and bronchoscopy. In the morning you'd have a team meeting discussing the planned admission and investigations planned for patients. I would

take bloods or place cannulas in the morning and clerk and examine patients that come in for their planned admission. I had the opportunity to observe bronchoscopy and was taught how to ultrasound the lungs before procedures. After being shown how to handle the chemotherapy bags I was allowed to start them myself under supervision by one of the doctors. The team was really lovely and made sure we always had time to go for lunch together and took time on the ward or at bronchoscopy to explain and teach. On Friday mornings there was a presentation by one of the doctors at the grand meeting in one of the conference rooms on relevant topics. I really enjoyed this placement since I never had a respiratory firm at Manchester and always felt I lacked clinical experience in this area.

### **Trauma and orthopaedic surgery**

On my first day I was told to report to one of the consultant's secretaries at the centre of musculoskeletal medicine at Charite Virchow Klinikum (CVK), who tried to call the ward and reach one of the doctors in order to pick me up for over half an hour before giving up and just telling me where the ward was. I had no idea who was responsible for me so I just waited in the doctors' office after asking one of the nurses. It wasn't a great start and I never really got told if anyone in particular was responsible for my supervision, especially after halfway through my placement all the Assistentsärzte seemed to rotate across sub-specialities. I was also unsure about what the placement involved and whether I could attend clinics or A&E. I was expected to come in before 7.30 every day and at 7.00 on Tuesdays in order to attend the post-op radiology meeting in the Gustav Bucky Hörsaal (which you can find going through the radiology administration). Immediately after the meeting everyone attends the 10+ people ICU ward round and then splits up to go back to their wards or to theatre. When you help on the ward you are expected to check whether any of your patients need any bloods doing and take them ideally before the meeting at 7.00. When attending the ward round you get to do a lot of hands-on clinical work though. You are expected to dress wounds and put on bandages, remove sutures or drains. Depending on who you are doing the ward round with you might even end up doing it by yourself. After lunch I usually did jobs like write discharge letters for the next day or take bloods from newly admitting patients for elective surgery. At 15.00 the team meets in another conference room for the pre-op presentation for the next day. This was usually immediately followed by the team debrief in the doctor's office on the ward, during which every single patient and their management plan was discussed in detail. On Tuesdays we usually had a Chefarztvisite at 14.00 for which other teams would join in as well and our team had to prepare a presentation with radiological images and a short description of every patient on our ward. I felt very used during my time on placement, whether it was taking bloods or placing cannulas or being a "Hakenhalter" in theatre. You won't get a lot of teaching and if you have questions there's usually not enough time to get an answer. The PJ teaching on Thursdays at 16.00 was really good though but sadly just happened once during my time there.

## **Anaesthetics**

The anaesthetics placement was based in the general surgery operating theatre at the Virchow Klinikum. The day usually started with a meeting at 7.00 where emergency surgeries from the night before were discussed and new equipment was presented or one of the doctors had a presentation prepared about a relevant topic. This was followed by the first surgery at about 7.30 and the day usually ended with the last surgery at about 15.00. I was able to assist during intubation and ventilation, placed cannulas and then helped transporting the patient into the operating theatre. The team of doctors was very nice and when things were quiet you could observe the surgery from the other side. I was able to ask lots of questions regarding the equipment that was used and about anaesthetics in general. I was allowed to place nasogastric tubes, take ABGs and remove the tubing after the surgery. I would recommend this placement for anyone interested in anaesthetics but I think that two weeks would have been enough time to get an overview since you are not going to see the side of anaesthetics that involves pain management or intensive care on the ward.

## **Differences to the UK**

There are many differences not only in the medical training but also the clinical daily routine. The German medical training consists of usually three preclinical years followed by the clinical Year and lastly the practical year (PJ) and then directly speciality training. Famulanten are usually in their 4<sup>th</sup> or 5<sup>th</sup> Year, whereas PJler are in their last years placements before their final exams. Speciality training starts after successful application and interview at a hospital and involves spending certain times in different specialities. For example anaesthetics requires you to do 48 months anaesthetics and 12 months intensive care. If you decide to change specialities in between you can use the time you already spend in a certain area and bring it towards another one. I prefer this system over the one in the UK. I'm dreading to have to do rotations in specialities that I have no interest in during my foundation years. Over the years I have narrowed down the field I want to work in and I'm quite certain that is not going to change. However, if I am going to change my mind for whatever reason, I wouldn't want to start my training from the beginning as I think working in common areas would give you an advantage and should shorten the speciality training. Having to go through the FY application this year I see the downside to the whole application system as well, since you have little control over where you are offered a job and what rotations you will get.

I found that although for some reason Erasmus marked us as Famulanten we were more at a PJler level. When telling your placement coordinator that you are actually already finished with your studies and passed your exams they treat you more like one of their own and give you more responsibilities and you get more out of the experience. After each placement you will have to get a form signed similar to the one the Charité Famulanten need signing off, however they don't receive feedback in

the way that Manchester requires us to do. I think that I wouldn't just want a signature and a stamp at the end of a placement as feedback could be used for future reference when applying for jobs for example. I, however, envy every German medical student and doctor for not having to keep an eportfolio. I think it's right to reflect and discuss issues with colleagues in order to figure out what went wrong, why and what can be done in the future to prevent this from happening but I usually do it instinctively and don't need to waste precious free time to sit at a computer and write it down, believing that someone might actually read it eventually.

The hospital routine is very different from the one in the UK. Firstly, team meetings are held much earlier in the day, on general wards at 8am and in surgery at 7am. At these meetings only the doctors working that shift attend, whilst nurses and healthcare assistants have their own handover in a different room. This saves a lot of time and involves discussing individual patients and their management plans from a treatment point of view rather than spending time on issues related to nursing, which doctors actually have very little to do with.

Within the medical team there's a distinct hierarchy, especially at grand meetings. The more senior doctors sit in the front and everyone else according to their rank behind them. In the surgical department this is more prominent but since everyone shares an office together and goes for lunch together you don't feel like you're not part of the team.

The German health system is very different from the one in the UK. A lot of patients pay extra to get a double or single room and private patients usually have their own ward with a consultant taking over their care. Most patients are very lovely but some clearly show the downside to having private health insurance. We had one patient that walked out of hospital because there was no single room available and he didn't want to sleep in a double room for one night before being able to be moved. Another one complaint to us about the bed squeaking and requested her operation to take place first thing in the morning and demanded the reason for her symptoms to be found. You could also hear doctors in A&E say that certain patients shouldn't wait longer than others because they were privately insured. From my experience in the UK I don't think a free healthcare system is feasible. I think people should have the choice to decide whether or not they want to pay extra to have more comfort when staying in hospital but they shouldn't be priorities before people who are more acutely ill just because they have the money. In Germany investigations and diagnostic tests are done based on the individual physicians decision and they don't really use any local or national guidelines. I like being able to look up things when not knowing what the best treatment might be, however I also like the idea of following your instinct more because very often the patients presentation didn't fit the textbook description.

There is a huge difference in the documentation of patients in hospital. The discharge letters are started as soon as the patient is admitted to hospital and then adjusted accordingly. The letters are very detailed and include examination findings as well as all results of investigations done in hospital. Drugs are written down on the same sheet as vital signs and in my eyes less easy to interpret than in the UK. I think

that the guidance on how to write a prescription chart that we received at medical school is very good as I can see how mistakes can happen.

On the ward round the documentation just involves things that should be done rather than the patient clerking, examination findings, blood results. I prefer this to the one done in the UK because when referring back to the documentation you don't have to go over the same history again and again but can see changes that were made according to things that changed which saves a lot of time.

Prescribing is done by doctors only and pharmacists are not involved at all. There are no guidelines how a prescription has to be written and whether it should be legible or not. Drugs are written down within the patient chart and then signed off by the nurse who administered it. I found this way of documenting medications quite dangerous since you can hardly read it and it looks very disorganised in the notes. When taking bloods on the ward the blood taking tubes are pre-labelled in the morning according to what the doctor has ordered the day before. Usually there are no phlebotomist on the ward, so doctors have to take the bloods or medical students that are on the ward. I think that this prevents mix ups more than having to take blood into an empty tube and then go to a computer and print it out. It just takes a few seconds to ask the patient for their name and DOB before filling the tubes. This is also the case when taking the one tube that is necessary to crossmatch blood. This way there is no problem with writing illegible or two people taking blood from different patients.

## **Gained experiences**

From the practical work that I was doing and the feedback and guidance I received from the other doctors and patients I have become so much more confident in my clinical skills that I feel ready for my foundation years more than before. I have gained a better understanding of identifying acutely ill patients and how to treat common important acute conditions. By working very independently I've strengthened my knowledge about the management of patients and what initial investigations to order.

Working side by side with other health professionals I understand how important it is to work in a well functioning team and know others and your own limitations in order to be able to provide the best possible health care to patients. My language skills have also vastly improved. Before starting the Erasmus placement I didn't feel like my medical German was sufficient enough to be able to write letters or clerk patients but within a week or so I slowly felt that Things were improving.

## **Practical information**

### **Prior to departure**

#### **Pre-departure presentations and forms**

During the first semester of year 5 were a few presentations regarding general information on the Erasmus exchange programme and hints and tips on how to survive your time away. I wasn't able to attend the lectures but had access to the presentations. I found the information given very patronising (eg. Use sunscreen when it's sunny) but things like that might be helpful for some people. The important thing is to fill out all the forms they want you to as soon as possible to prevent any delay and an unnecessary back-and-forth since this time is also packed with revision for upcoming finals. You will have to fill out a learning agreement which you will have to get signed by Charité and the European Studies Team and which should include four placement choices that you would like to do.

#### **Semester fees and blackboard access**

Over the summer holidays before starting year 5 we were sent several emails from the Erasmus office of the Charité with information on how to pay for the semester fees and gain access to blackboard. I didn't know that we had to pay any fees to be able to do the Erasmus placement but the money also covers the cost for your travel ticket across Berlin, the Semesterticket, which is completely reasonable. I personally didn't use the Charité blackboard at all other than using their template to apply for a Famulatur.

#### **Famulatur organisation**

I didn't realise that we had to organize our own placements until one day before my departure to Berlin. I was confused by the fact that on the learning agreement form I was asked for my favourite four placements and then I was given the start date and contact details of the first placement from the Erasmus office. By chance I realised that all the others were actually not organized through the office and I had to quickly write a few emails to enquire about free spaces. To my surprise I got a place in every speciality I wanted to see for the required dates. I used the Charité website for my search and contacted the secretaries that were in charge for "Famulanten". If you are successful with your application you can usually expect an answer within 24h. They sometimes ask you to confirm your attendance two weeks before the start date of your placement again.

#### **Bürgeramt**

Everyone who lives in Germany for a longer period of time is required by law to register their residency. In order to do that you will have to go with the required documentation to a Bürgeramt in your area within 14 days of your arrival. Since the opening times of the offices clash with placement and you won't be able to get an



appointment less than 2 weeks in advance I would recommend booking one online a month before. Otherwise, you can wait up to 2 hours or longer without one.

### **Accommodation**

Once you start researching accommodation in Berlin you will realise that it is completely overpriced and very difficult to get a place for the specific timeframe that we are there. I would recommend looking for a place to live as early as possible. I found mine by contacting the International Student Office but found out that other University flats are usually gone 1-2 years in advance. During my search I didn't really care where I would stay since I was desperate for a place that I could afford. In hindsight I would say that not having to travel over an hour every day was nice though, so maybe have a map of Berlin in front of you before agreeing to rent a flat.

### **Erasmus MasterCard**

In order to receive your Erasmus grant you will have to have completed the Erasmus application form and then picked up your card from the Erasmus office where you also get instructions on how to activate the card, how to receive your pin code and how to check the account balance online.

### **On arrival**

#### **Bürgeramt**

As said above you have 14 days after moving to Berlin to register your address and if your unlucky to have to move again during your placement you will have to go through the whole procedure again. You will usually be given a form from your landlady/landlord that confirms the rental agreement. You need to take this form as well as a filled-out application from the Bürgeramt website, plus your passport and birth certificate. The appointment itself doesn't take longer than 10 minutes and is quite straightforward. You will be given another form to keep, which you will have to take with you for immatriculation.

#### **Betriebsarzt**

We were contacted well in advance by the Charité Erasmus team and given an appointment to see the Betriebsarzt on Monday of the first week of our placement. You will have to take your vaccination history from Manchester with you and any other blood test you might have had in the past that highlight your immunity. They will take another blood sample and have you fill out a form to allow them to analyse the blood and send you the results to the address you've given them. If you are unlucky like me they also highlight boosters you have missed (and that Manchester seems to have overlooked) and you have to go to the next best Hausarzt and get them done (ideally before you start your clinical work). Within a week's time you will usually get the results of the blood test in the post and can keep it and refer to it if needed from one of the Famulatur places.

## **Immatriculation**

Together with your appointment for the Betriebsarzt you should have been given one for the immatriculation at the Erasmus Office in the Reinickenstraße. You will have to bring all the required documentation that they ask you to in order to get a paper that confirms you being an Erasmus student at the Charité. With this you are sent to the immatriculation office of the Charité where you have to ask your way around to find the contact person that has to give you a provisional immatriculation form. This has a Dienstnummer on it which you have to use online to create a student account. After a few days this account should show you a QR-code (if you have paid your student fees), which you have to take back to the immatriculation office and print out your student ID card at one of the terminals in the waiting area. In our case we had trouble getting the QR code since we were enrolled electronically for the wrong semester and therefore had outstanding fees on our account. After this was resolved we were able to see the code on our account. Once you have your card you have to go to another terminal and print your semester ticket on the back, which is basically your free travel pass for the whole of Berlin. Again, we had problems and it would show an error. The problem here is that you are enrolled for a period that overlaps winter and summer semester. Eventually we got the correct dates printed in the immatriculation office responsible for Erasmus students.

## **Medical equipment**

Before you start any placement make sure you clarify what to bring because it is different from place to place. In most cases it's best to bring a comfy pair of shoes, such as white sneakers and obviously your medical equipment eg. stethoscope, flash light, watch and tendon hammer. Some tell you to bring a white coat, which you can buy for about €20 at Lehmanns close to the main immatriculation office. It is also best to print out your own name badge from the HIS-account (there are holders for it for free in the immatriculation office).

## **Forms on studentmobility**

On arrival you will have to confirm that you got their in one piece and that you were in contact with the Berlin Erasmus office and basically started placement. The arrival form should be sent to Frau Lepom as soon as possible since you won't get your Erasmus grant payment if the form is still missing on studentmobility.

You will also have to fill out another questionnaire at the start of your time in Berlin as well as halfway through that confirms that your contact information is still up to date and that you haven't encountered any problems so far.

## **Medlea forms and certificates of clinical rotation**

For every placement you will have to fill out a medlea form, which is much shorter than the placement forms that you had to get filled out in year 5 but it is still quite an effort to get someone to sit down with you and go through it. You will find that on some placements an Oberarzt is willing to sign it, whereas in other instances you'll want one of the Assistentärzte that you worked with to go through the form with you.

The confirmation form of your placement is similar to the forms that PJler need to get signed and just need a signature and a stamp. These are the forms that you need to take with you to your last meeting with Frau Cernitori.

### **Before leaving**

#### **Bürgeramt**

After leaving Berlin you will have to inform the Bürgeramt again about your whereabouts. You can either make another appointment or just inform them via post, which I did. It's easy enough by using another online form from their website.

#### **Erasmus appointment**

In order to get your placements acknowledged in Manchester you have to take (a COPY of) all signed Erasmus placement forms with you for an appointment to meet Angelika Cernitori before you leave Berlin. We were told that it would be best to organise the meeting in advance since the Erasmus office is just open once a week and Frau Cernitori isn't there all the time. Once you get the transcript from your time on placement you will have to upload a copy to studentmobility. This is necessary in order to receive your last Erasmus grant payment.

### **Addresses, phone numbers, contacts**

#### **Acommodation**

Studentenwerk  
[www.isb-blm.de](http://www.isb-blm.de)

#### **Famulaturen**

Emergency medicine – Vivantes Humboldt Klinikum  
[Doris.Krueger@vivantes.de](mailto:Doris.Krueger@vivantes.de)

Infectiology and Pneumology - Benjamin Franklin Campus  
[Petra.Hoedt@charite.de](mailto:Petra.Hoedt@charite.de)

Trauma and Orthopaedic surgery - Campus Virchow Klinikum  
[Karen.Scholz@charite.de](mailto:Karen.Scholz@charite.de)

Anaesthetics – Campus Virchow Klinikum  
[Annegret.Bischoff@charite.de](mailto:Annegret.Bischoff@charite.de)

#### **Medical equipment**

Lehmanns Fachbuchhandlung GmbH

#### **Travel App**

<http://www.bvg.de/en/Travel-information/Mobile>

#### **Bürgeramt website**

<https://service.berlin.de/standorte/buergeraemter/>