

Why did I choose European Studies?

Being somewhere between a school-leaver and a mature student due to a two-year period in Civil Engineering before starting my medical degree it was difficult to get a place and I was only accepted into one medical school. I had not heard anything about the European Studies course during the application process and it was a real blow when I found out that it was only available to students who already had at least an AS-level in a language. I had a GCSE and had done a semester-long 'Introductory French' course whilst studying engineering, but had no written evidence to prove that. European Option seemed too good an opportunity to let pass, however, and I applied anyway.

I applied because speaking a second language, in particular French, my target language, undeniably opens many doors, both personally and professionally. Professionally, one immediately thinks of humanitarian work, but obviously a second language permits working and training in another country (or other countries) outside of the regular haunts for emigrating doctors of Australia and New Zealand. Not every doctor wants to emigrate permanently, but I was from the very beginning committed to the idea of broadening my training and experience by participating in placements outside of the UK. During European Option the student has the opportunity to spend at least one self-arranged placement in France and a longer, 16-week block during their elective. Later, certain specialties may permit the junior doctor to validate a part of their training with an international placement, if the placement is deemed suitable for education. Obviously during the course and during my elective I have learned a lot about the logistics of pre- and post-graduate international placements, but the idea that it simply could be possible definitely influenced my decision to take a language. Finally and easily overlooked, the bilingual doctor becomes extremely useful here in the UK when a patient doesn't speak good English. In Manchester, we are accustomed to the use of interpreters in medical practice. While we are almost equally accustomed to our European counter-parts speaking excellent English, occasion may arise when a non-English-speaking European patient requires our care. Similarly, it is conceivable, even likely, that a North African patient whose English is poor speaks French as a second language to an excellent standard. In terms of personal development, language learning has to be, at least in part, self-motivated. This develops a discipline for self-learning that complements the PBL process, but even more than that helps develop the skills required to learn anything you want. Language learning also allows you to enjoy places and cultures in a way that may not be possible to those who don't speak the language, and if nothing else, provides an excuse (if one is needed) to take regular holidays.

The above thoughts are the sort of things that influenced my decision to take the European Option, but above all, European Option provided an opportunity to continue learning a language that I had enjoyed in school for an extended period for a price that couldn't be matched by an external programme.

Living and working in Lyon

My first placement in Lyon was extremely difficult. Unless you're lucky enough to have a second language from birth, or to have lived for a good period a French-speaking country, then it's likely that oral comprehension will be at the root of many of the difficulties encountered when practising. As one can easily imagine, doing anything is twice as difficult if you don't understand the instructions. The days can also be extremely long, depending on the placement to which you are assigned.

I started on neurology at the Hôpital Neurologique. There were two wards, a regular ward and a day case ward. The day case ward finished at a rather pleasant midday, but before I worked that out I'd spent two weeks finishing between six and seven in the evening. It is clearly stipulated during the induction that we are to work the hours of the ward, which in some cases is frankly ridiculous, but in order to ensure you'll get signed off it is necessary to play by the rules. If you're so inclined you could definitely learn how to perform a lumbar puncture on this placement, and probably a salivary gland biopsy. I unfortunately did neither, feeling that at that stage of the placement I didn't adequately understand to learn these skills.

My second placement was in endocrinology in the Hôpital Cardiologique, immediately adjacent to the neurological hospital. Both of these hospitals make up a part of a large hospital complex

located in Bron, a few kilometres to the east of Lyon's centre. Bron is however very much part of the city and can be accessed fairly simply on public transport, allowing thirty to forty-five minutes from most parts of the city.

Endocrinology turned out to be my favourite placement. Whilst endocrinology is quite hard, especially having never done an endocrinology placement in the UK, it offered me the first real opportunity to learn medicine in French. I am unashamed to admit that my knowledge of adrenal and sex-hormone pathologies was somewhat lacking entering the placement, but extremely welcoming doctors (of all grades) and friendly students really helped me to progress. I would advise any student doing a placement abroad to find the friendly staff and students and ask them to help you with the language. I asked to spend the first week on endocrinology working in a pair, which allowed me to learn specialty-specific vocabulary and how the ward functioned, permitting me to operate alone and confidently for the remainder of the block.

I was given a choice of ward in endocrinology, opting for the day ward rather than the conventional hospital in the (vain) hope that I'd be once more on half days. In fact the day hospital normally finished at about four or half-past, which corresponds nicely to the hours we do during year 5 in the UK. It is run by a professor, Borson-Chazot, who is an expert in diseases of the pituitary gland. They also have a resident praticien hospitalier whose specialist interest is diseases of sexual development and gonadal dysgenesis, the point being that, as well as the inevitable diabetic reviews, there will certainly be a wide array of the weird and wonderful to get stuck into, and an opportunity (or many opportunities) to use the acromegaly exam you've just perfected for finals.

My last placement was in respiratory medicine, not something I'm particularly interested in, but it also turned out to be fine. The professor in charge offered me two choices of placement, either respiratory oncology or general respiratory. I opted to take both, each for three weeks. If another student is to find themselves in the same position each ward has its distinct advantages and disadvantages. The oncology ward is significantly more interesting, patients often present with multiple pathologies and the weird and wonderful is much more likely to turn up here. It is also the ward which provides fibroscopy services, something that students are more than welcome to attend, and students are encouraged to assist in pleural taps and needle biopsies. As well as lots of cancers I saw patients with aspergillomas, sizeable pneumothoraces and TB, as well as some of the more unusual respiratory infections. The ward's main asset, however, is undoubtedly Dr Kiakouma, a praticien hospitalier who is knowledgeable and welcoming. Probably worth revising before any encounter with her, however, as her expectations are high and she doesn't mind pointing out when someone is talking nonsense. The main disadvantage of this ward was finishing extremely late (7pm is not uncommon). The general respiratory ward is the inverse of its neighbour, with much more reasonable finishing times but a caseload of patients that are the medical equivalent of drying paint. The majority of the patients are overnight reviews for sleep apnoea, which may sound like an interesting condition that you don't encounter too much during medical school, but don't be deceived! These patients don't even get ill until you're nicely tucked up in bed, so the entire management hinges on the reading of a double-sided A4 print-out from the polysomnography or capnography machines, that is usually barely visible from where the students stand during the MDT. If I could do my time again in respiratory I would spend it all in oncology, despite the late finishes.

Unlike my other placements, my respiratory block was not in the Bron complex, but rather in the Hôpital de la Croix Rousse, a smaller hospital not too far from the city centre. Depending on where you live in Lyon, this could be an extremely short commute (if, for example, you lived in Croix Rousse!) or similar to the commute to Bron, unlikely to be much more than forty-five minutes. During this placement I also decided to try and give something back linguistically, offering to do a case presentation in English. This went extremely well and gave me something to add to my portfolio, the final review being imminent upon my return.

Living in Lyon is great. It's vibrant and full of young people. I think it's quite an easy place to make friends. I'd definitely advise getting involved in the French course, both as a way of progressing rapidly in the language and as a way to meet a lot of the Erasmus students. Sports are also free for Erasmus students, so it's a really good opportunity to try something completely new or get back into something you've neglected whilst studying hard in the run-up to January. I decided to do both, taking gymnastics and getting back into my harness for a spot of climbing. The French

tend not to go for the 'drop-in' style we're familiar with in British leisure centres and signing up means signing up to a course (you can even choose to be graded). This probably means you should go every week in theory, but in practice, once your name is on the list you can do it as much or as little as you want during that session (eg. Wed 6-9pm). Climbers being a bit more chilled out than gymnasts means that once your name is on the climbing list you can go to any session (for medical students).

Elsewhere, Lyon is the spiritual home of all gastronomists. 'La gastronomie lyonnaise' is not only famous in France, but the world over. Bouchons are traditional lyonnais restaurants, numerous and highly variable in quality, catering more to the carnivore than the vegetarian. There is a concentration of these restaurants in the Old Town, but it'd be worth taking a recommendation for a specific bouchon, as many are well-known tourist traps serving sub-optimal Lyonnaise cuisine, possibly available at a much more reasonable price in the supermarket.

Differences in practice and training

As a medical student in France you have certain roles that you are obligated to fulfil, rather than the focus of your time in the hospital being purely educational. If there is nothing to do, you will still be expected to be present. You are also expected to perform a number of menial tasks that have little to do with actual medicine, like scanning, faxing and photocopying. While it is not uncommon for an enthusiastic student to help the junior doctors with these tasks in the UK, the fact that it is part of your 'job description' really detracts from the educational experience in the hospital. The student is expected, in most cases, to perform these administrative tasks, to attend the ward round and to clerk in new patients, who will then be clerked by an intern.

The ward round is a great opportunity to improve your French, as doctors often slow down their speech and break complex medical information into bite-sized chunks that are easy for the patient, and the Erasmus student, to digest. It is also a great opportunity to learn a bit about the French healthcare system, as many patients leave with prescriptions for nursing, physiotherapy, radiology or blood tests to be completed in the private sector. By comparison to our system, where almost all of our healthcare requirements are completed by the NHS, this seems a bit bizarre at first. In fact, it appears that the practices that provide these services operate much in the same way as our GP practices in many instances. They offer a private service, sold to the healthcare system at pre-defined prices. Suitably qualified practitioners are free to charge any price they like for their service, but the patient or their insurance provider would have to cover the remainder, after the pre-defined price.

The French healthcare system itself is exceptionally complex. Unlike in the UK, healthcare is not free at the point of care. The patient is expected to pay for their consultation, which will then be reimbursed at a rate of either sixty or seventy percent of the value of the consultation as defined by the state, minus one euro. The remainder is for the patient to pay, or their insurance if the care is covered by their policy. The euro paid for their consultation is not reimbursed, I believe in an effort to reduce unnecessary consultations. Attendances at A&E are free, but there are charges associated with any subsequent stay, again reimbursed at varying rates depending on your insurance.

For me the greatest difference in both practice and training, much to the detriment of the French system, is the lack of emphasis on communication skills. The training is separated into three cycles, the first of which is equivalent to our medical school and lasts six years. At Lyon-Est the first two years are spent studying the theory of medicine, much like the first two years in Manchester. Having had no exposure to this part of the course, I could not say if there is any communication-specific teaching during these years. However, the subsequent 4 years are split into three month blocks, half of the time spent on placement and the other half in classes. The classes are entirely theoretical in an attempt to prepare the students for the final theoretical exam in year six, the 'National Classing Exam' the results of which decide your right to pick your specialty. As this exam is written, with no practical component like the OSCE, it is much more important to the students (and the faculties who want their students to do well) to prepare for this exam, rather than to prepare for difficult communication situations in practice. Unfortunately, it is not unusual to see doctors talking to patients in a way that makes a Manchester student cringe.

The concept of shared decision making is creeping into practice in France, but the echo of paternalism is palpable, with older doctors frankly telling patients what they are going to do. This, however, is not wildly different to that which we might experience in the UK.

For the most part practice in France is very similar to that in the UK. They are, after all, a fairly well-funded healthcare system in a country with a strong economy. There is a reasonable level of social support and reimbursement. They can wear long sleeves and watches in France though, and they can wear whatever clothes they like underneath their white coats.

What have I gained from this experience?

Obviously I have improved linguistically and now feel pretty confident when speaking French. Don't be fooled into thinking you'll come away from the placement fluent (unless you are already very, very good). Every step forward in the understanding of a language moves the finish line two steps further away. The subtleties, the slang, the idioms don't get any easier, there are an almost infinite number, and language has the audacity to evolve. Here we encounter yet another similarity with learning in medicine. It is ongoing, and the Erasmus experience has motivated me to continue. I have gained an enthusiasm for the French language, but more than that for language learning in general. In the future I would like to pursue a third language (being the bilingual English Erasmus student is much less impressive when every other Erasmus student is at least trilingual).

I have had the opportunity to go climbing in some beautiful places in France, and expand my non-medical vocabulary by partaking in sports at the University. A wise friend of mine did his elective several years ago, and described how he found himself with free-time during and after his elective. He took the opportunity, knowing that opportunities would be limited once he started working, to learn a new skill. I tried to take a leaf out of his book with my gymnastics and have definitely come on a lot in working towards my goal of free-standing handstand and handstand press. Doing sports is also a great way to meet and spend some time with French students and other Erasmus students doing something fun, for free, thereby stretching the Erasmus bursary just that bit further. I really think joining the gymnastics and climbing clubs was the best thing I did in Lyon, and would really recommend sports to other students.

Earlier I outlined some of the specialties that I have done during my stay. Having already done neurology and respiratory medicine, I feel I gained most in terms of the language during these placements. Endocrinology, on the other hand, was completely new to me in terms of a placement. Of course I have encountered enumerable diabetics and many thyroid patients throughout my studies, and even occasional rarer endocrine pathologies, but having six weeks to explore a really diverse mix of fascinating patients that I hadn't had much exposure turned out to be excellent. I would really recommend trying to select at least one placement where you haven't had much exposure to the pathologies, or where teaching is limited (like the one-week placements). For me it really was the best in-hospital experience (though I recognise that the in-hospital experience is multi-factorial).

Practical advice

One. Get a travel card. Great value, gets you anywhere except the airport.

Two. Eat as much as you can in the SELF. It's always the same price, regardless of what you get, so make sure you use all ten units. If you aren't hungry enough to eat ten units get some fruit and yoghurts to take home.

Three. Join the French classes. It's a really easy way to meet other students in your position and make friends. You're all going to be in the same place once a week, so it's easy to arrange to go out for a drink or a coffee (I'm aware that coffee is a drink). Plus it's generally a pretty fun course.

Four. Use your Erasmus bursary carefully. Remember you only get one payment at the beginning, unlike the NHS payments, so you'll be living on scraps if you spend it all at once. You do get a second payment if you complete your placement, but it's much smaller and helpfully arrives after your return to Britain, where the Euro is useless currency. You'll have to keep that for your first holiday as an F1.

Five. Most importantly, make sure you have your EHIC card and you arrange the insurance upon arrival (SMERRA is required for all students on placement in Lyon). Equally, it is super important to check your email and make sure you meet the University deadlines to ensure that you're covered

by their insurance. I am exactly the sort of person who would not do this properly if I hadn't been forced to. I am also the sort of person who never gets ill. But then I did, during my Erasmus placement. I had to be seen in A&E, I was transferred by ambulance to another hospital, I was admitted for five days, I had over thirty expensive antibody assays, I had a lumbar puncture, I had CT scans and MRIs, you get the point. It would have been extremely expensive had I not had the insurance sorted. So there you go, it happens. If you've read this far then you're only one degree of separation from someone that it actually happened to, so no excuses. Make sure you sort that out!

Useful contacts

solange.brandolese@univ-lyon1.fr