

# Lyon Erasmus Exchange 2017

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## **Why I chose to study on the European Studies programme**

The European studies programme was the main reason that I decided to apply to Manchester as a fresh-faced 17 years old. Now, roughly 7 or 8 years later, having taken a gap year and intercalated, I'm really glad to have made that decision because the European studies programme has been one of the highlights of my time at university.

In addition to my semester in Lyon, I was able to do a one-month placement in third year in Paediatric A&E in Montpellier and a month in fifth year on cardiology/ICU in Mauritius, both of which were amazing opportunities and made the extra work 100% worthwhile! At times it was difficult to stay motivated for the extra French classes, homework and exams during first and second year, and even more so for the evening classes during third and fourth year after a full day in hospital. I think almost 50% of my original French class dropped out when we started clinical placements. However, you get out as much as you put in and it was *almost* worth the extra effort just to hear the "Wow! You study medicine and French"!!

I also found it really refreshing to study something aside from Medicine each week. I spent time as an au pair in France during my gap year and I really enjoyed being able to continue to use the language.

## **Living in Lyon**

Lyon is such a great city for students. It's not too expensive, there's lots going on and there are great transport links to other towns and cities in France. I found a room to rent in a 'colocation' with 2 other French students through the Erasmus facebook group which worked out really well for me. Average rent prices in Lyon are around €400, but it can be difficult to find somewhere for only 4 months and lots of the Erasmus students ended up choosing the university halls. Personally I loved living with other French students and think it's the best way to improve speaking French and experience what it's like to be student in France.

Most of the university sport clubs are free for Erasmus students. I signed up to do rock climbing as a beginner, which was a nice way to meet people and learn something new. I also signed up to the university waterpolo team and I ended up playing in their national university competition, which was a great experience (although being in the pool was a real struggle for my French and about 60% of the time I had no idea what was going on!). I also went to a local running group called 'Courir à Lyon' which is run by students and completely free.

I also recommend getting a 'Passe Culture' for €18 (you need to pay by cheque which can be a slightly difficult if you don't have a French bank account or a friend willing to swap a cheque for cash) and it entitles you to 4 tickets to any 'spectacles' (i.e ballet, opera, dance, comedy, theatre, etc.) in Lyon which would normally cost anything up to €60-70!

There are lots of nice places to visit around Lyon as well, such as Nîmes, Montpellier, Marseilles and Annecy. They are well connected and relatively cheap to get to, using the trains and buses.

## Food

The food in Lyon is famous throughout France. There are huge markets selling fresh, local produce every day throughout the city. My favourite market ran along the Saône river in the centre of town and on the weekend I loved going and getting lots of really good quality food and drink (at a much better price than at the supermarkets) and then having a picnic sitting next to the river.

The typical '*bouchons*' are the famous restaurants, mainly found in Vieux Lyon, which specialise in all different cuts of meat (from rump steak to offal) and what I would describe as quite 'heavy' food.

I personally prefer the newer style of French cuisine, and there are 100s of great restaurants to try, which usually have a great value set lunch menu. "La Fourchette" is a useful French website, similar to Tripadvisor, for narrowing down the search when wanting to go out for a meal.

## Getting Around

The Velo'v bike system is similar to the Boris Bike system in London; it costs €15 for student membership for a year and with that you can use the bikes as much as you want for up to an hour, at which point you have to put the bike back into one of the stations located all around the city, but if you want to continue using a bike you can just get another one out. I also got a pass to use of all of the public transport in Lyon (bus/tram/metro) for the first 3 months, which only costs €30 for students. After that I just used the Velo'v bikes or bought a one off ticket for public transport if I needed it.

## Hospital Placements

*Anaesthetics & Reanimation – Hôpital de la Croix Rousse*

For my first placement I was on anaesthetics, and due to having our exempting exams in Manchester at the end of January we arrived 2 weeks late for the start of the semester. My first day turned out to be a bit of a disaster! I had an email from the Erasmus coordinator just saying '*Please arrive at 8:30, dept 'Anaesthetics/ Reanimation hôpital de la Croix Rousse'.*' When I turned up at the hospital there were two anaesthetics departments: '*Médicale & Reanimation*' or '*Chirurgicale*' and I had no idea which one to go to! I decided to try the medical anaesthetics department because the sign also said 'reanimation' which was written in my email. I tried to explain in very rusty French who I was but no one was expecting me, plus the head of the department was on annual leave and we couldn't get hold of the Erasmus placement co-ordinator to find out where I was meant to be. I spent my first day in the medical anaesthetics unit, which was similar to an ICU step-down unit and a nice French medical student (or '*externe*') took me under her wing. The following morning I got a response from the Erasmus administrator to say I was in fact meant to be in the surgical anaesthetics department, and she gave me the name of the Doctor who would be my supervisor and the name of their secretary.

Following that drama, the rest of the placement went really well. I was based in gynaecology theatres and was able to get lots of hands on practical experience. I got to practise maintaining airways, inserting pharyngeal masks, intubating and putting in lots and lots of cannulas.

I would highly recommend a placement on anaesthetics as part of the European studies program. As well as getting a lot of practical experience, talking to the anaesthetics team during the operations really helped to improve my confidence in speaking French, but was much less intimidating than talking to the patients! I was also able to attend teaching sessions for all of the students on anaesthetics, each week one student would present a patient they had seen and we would discuss the case from an anaesthetics point of view. We also had a few teaching sessions about airway management, fluid resuscitation and anaesthetic drugs which I found really useful.

### *Coloproctologie & Chirurgie générale – Hôpital Edouard Herriot*

Having had a great time on anaesthetics it was a bit of a shock to move on to colorectal surgery. As a student there wasn't as much to do, because the nurses on the wards do all the cannulas and take all the bloods and the doctors didn't spend any time on the ward after the morning ward round. The ward round involved a brief update off all the current in-patients on the ward over a coffee and croissants at 7:30, followed by a 25 minute whizz round the ward, getting updates from the nurses and occasionally having a look at the patients surgical wound or stoma bag. The doctors then either went to theatre, to clinic or to the office to do paperwork, drink coffee and chain-smoke!

I enjoyed going to theatre because you often got to scrub up and help put in a few stitches and the '*internes*' (junior doctors) would often explain what was going on or ask us questions to get us involved. However because there were 5 medical students on the placement, we had to take it in turns and the French students were very competitive and would fight to get to scrub up for the interesting cases!

Clinic was also quite interesting, and it was much better for practising French. The patients that came to clinic were quite varied, but the majority consisted of follow-ups or new patient consultations for elective surgery for haemorrhoids, pilonidal cysts, colorectal cancer or diverticular disease. There were also lots of patients being followed for long-term incontinence management, as the head of the service specialised in rectal disease and incontinence.

Once a week we would also have a teaching session with all of the students on general surgery, which was usually a powerpoint presentation about a specific disease, with a focus on the pathophysiology and surgical management. The French medical students all had an impressive knowledge about the eponymous names of different surgical approaches or surgeons, which is apparently necessary information to have for their exams, whereas I got through all the exams in Manchester completely oblivious to the differences between the Ferguson and the Milligan-Morgan technique for haemorrhoidectomy!

If you weren't in clinic or in theatre (or a heavy smoker!) there was not a lot to do. When I was scheduled to be 'on the ward' I would fill out radiology requests or go and see patients in other sections of the hospital with the junior

doctors that wanted a surgical opinion. Outside of clinic I didn't have very many opportunities to see patients on my own to examine and take a history, and I felt like I took a big step back and was more like a third year than a fifth year student. This was frustrating at times and wasn't helped by the difficulty with the language. However despite this, I enjoyed this placement overall because the doctors were all really nice and I saw some interesting cases and operations.

### *Medecine Interne - Hôpital Edouard Herriot*

My final placement was in Medecine Interne, which I chose thinking it was 'internal medicine' and it would therefore be a general medical placement. However it turned out not to be the case! Medecine Interne as a speciality doesn't exist in the UK, but I could only describe it as a combination of Haematology, Rheumatology, Infectious Diseases and rare genetic diseases. In other words, if you don't know what to do with a patient, they get sent to Medecine Interne!

I found the placement quite difficult to begin with, because I hadn't heard of lots of the diseases in English, let alone in French, so it could be quite hard to follow ward rounds or discussions about patients. However after a few weeks I got the hang of it, and the same rare diseases would crop up time and again. I saw some interesting conditions during my placement, such as systemic sclerosis, sickle cell disease, lymphoma, polymyositis, temporal arteritis and granulomatosis with polyangiitis (Wegner's).

However, whatever their symptoms may be, patients on the ward seemed to get '*le bilan complet*'; i.e. every investigation imaginable, from a sputum sample to a PET scan!

Each morning on the placement consisted of a ward round, where one of the doctors would discuss a select handful of patients with the medical students and junior doctors in the doctor's office and then briefly see the patient and examine them. In the afternoon, it was the role of the medical students to see any new admissions to the ward, take a history, examine the patient, do an ECG and write up the findings into the notes. I found this difficult to begin with, especially because my French grammar isn't great and it took me ages to write up each patient. After a few weeks it got easier as I gained in confidence and as I got to know how the ward functioned and got to know the *internes* and other students a bit better.

This was definitely the hardest placement I had, but I think my French improved a lot because I was having to answer the phone in the doctors' office and speak to a lot more patients. I don't think I'd recommend Medecine interne as a placement to other UK Erasmus students (unless you were wanting to specialise in rheumatology or haematology) because it found it the most contrasted to how medicine is practised in the UK and therefore the most difficult to adapt to. However I also think that the team I was working with weren't as friendly towards exchange students compared to my other placements, which probably had a bigger impact on my enjoyment of the placement.

### **Differences between Medicine in England and France**

During my 4 months in France, I had many discussions with other French medical students about the similarities and differences between medical

training in the UK compared to France. I also had discussions with some of the other foreign students from countries such as Germany, Italy, Canada and Spain about the differences between their medical system and France / UK. I found it incredible that we all have such difference training and experiences, but we all will be doing the same job.

### **Medical Training**

The training in France consists of 6 years as a medical student, 2 years in university full time and 4 years on hospital placements with or without 'part-time' lectures depending on the year of study. During the final 3 years the students are paid a salary of roughly €300 a month and their tuition fees are only about €200 a year!

The French medical students get to chose their hospital placements based on their ranking in the year, i.e. the student with the best exam results in the year gets to chose their placements first, and the student with the worst results has the last choice. This leads to a lot of competition between the students, and also means that the experience each student gets is really variable! However it also means that students from all the different years are on placement together, which can work really well with the older students mentoring the younger students, but I saw that it can also be difficult at times, with the older students doing all the interesting jobs on the ward and the younger students being ignored as they are less 'useful' to the doctors.

I found it strange that the *internes* start their speciality training straight after finishing medical school, and don't have a foundation programme like we do. The '*internat*' lasts anything from 3 years for a '*generaliste*' to 5+ years for a surgeon. From my experience, I felt like the junior doctors were much less prepared in comparison to the specialist trainee doctors in the UK. For example, the surgical trainees don't have any experience being a doctor on a medical ward. Therefore if there are medical complications, such as sepsis following surgery, the surgical trainees seem to be much less well prepared to deal with their patients.

### **Lunch Break**

The French also take their lunch break very seriously! For each placement I was on, every member of the team had at least 1 hour for lunch. Whereas in the UK, most of the doctors I have been with on my placements would take a maximum of 30 minutes for lunch, and often doctors would eat on the go or at their desk while filling out paperwork. In Lyon, all of the doctors and medical students would go together to the staff canteen called '*le self*' and eat a full meal, with a starter, main course and dessert with the option of cheese/ fruit / yoghurt as well. Of course followed by an espresso.

Additionally, whilst I was on my surgical placement, the doctors would have an afternoon meeting each week where they presented and discussed the patients for the following week. Before these meetings, the whole team would have an aperitif together with at least a couple of glasses of wine. The surgeons would even be on-call after having more than a few glasses of wine and nobody would think anything of it! When I brought it up with the other students on the placement, they shrugged their shoulders in the cliché French way!

## **General differences**

I found that the main difference in hospitals in France was that the doctors were much more paternalistic and 'old-fashioned' compared to the UK. There was much more of an expectation that the patient must do what the doctor advises. I even observed a doctor shouting at a patient on the ward round because they didn't want to have a flatus tube (who can blame them?!) so he shouted something along the lines of: "if you aren't going to do what I say, you have to leave the ward because I won't be responsible for your medical care unless you are willing to do what I tell you"!

I also found their outlook on patient confidentiality very behind the times compared to in the UK. They don't have any confidential waste bins in hospital, and I was told 'as long as you put documents with patient information on in one of the normal bins in hospital then it's ok'! Although despite this I still saw lots of doctors taking handover sheets home.

Doctors also regularly use their personal mobile phones to take photos of various patient signs or surgical scars. They would either upload the photos to the patient's notes or to their own portfolio, or even text/email/whatsapp the photos to other doctors in the hospital for an opinion.

One final difference was the record keeping for inpatients on the ward. For my hospital placements in the UK, the notes were still done on paper but certain things were beginning to be done electronically. However in France everything was done on the computers, including notes, prescribing and nurse observations. Although in theory electronic record keeping is a good idea, it meant the doctors on the wards I was on spent a lot of time in the doctor's office on the computers and I felt they therefore spent less time with the patients. Additionally, that the doctors didn't regularly write in the notes, which meant there was an initial detailed entry written by the medical student, followed by nothing for the duration of the hospital stay, and then occasionally a short summary when the patient was discharged. It was therefore difficult to follow a patient or find out what had happened over the weekend without speaking to one of the doctors on the ward. This meant that communication was very good between members of the medical team and if you wanted to refer a patient you would discuss the case in detail (often over lunch or a coffee!) However if the doctor looking after a patient was away, it was anyone's guess what they had happened to the patient since their admission!

## **Summary**

Although the French language is difficult and some of the cultural differences in hospital make each day challenging, doing an Erasmus is a fantastic opportunity and I wish we could have stayed for a full year. Having completed my hospital placements, I would love to live and work in France. However depending on the speciality I chose, I think it is unlikely I will work as a doctor in France, mainly due to the structure of their training programs but also because the French are slightly more neurotic about their health, and due to the semi-private system, patients are able to 'shop around' in order to get the tests and treatment they want, even if there is no evidence base!

My main advice for anyone doing an Erasmus would be that 4 months goes far too quickly and to make the most of every day!

### **Useful Contacts & websites**

<https://citymapper.com> - getting around Lyon

<http://www.tcl.fr>

<https://www.lacartedescolocs.fr/colocations/> - finding a flat-share

<http://www.ouigo.com> - cheap trains around France

[http://www.lyoncampus.info/Le-Pass-Culture-Etudiants\\_a1472.html](http://www.lyoncampus.info/Le-Pass-Culture-Etudiants_a1472.html) - Passculture