

Why you chose to study on the MB ChB European Studies Programme

I chose to study on the MBChB European Studies Programme because I had continued to study French through my A-levels and didn't want to lose the ability to speak French to level I had already gained. All three of my older siblings studied modern foreign languages at university and, having had the chance to go and visit them in Bordeaux, Granada, Biarritz, and Clermont Ferrand I was quite excited at the prospect of being able to do my own placement abroad. Given that Manchester was my preferred choice of university anyway, and that it ended up being the only medical school to offer me a place it was an easy decision to come to Manchester and to start the European Studies programme as soon as possible.

Contact details of the student's supervisors during the placement abroad

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An overview of your experience of living and working in the placement hospital and its surrounding area

I stayed in the university accommodation Résidence Jussieu which is located just opposite the main university campus in Villeurbanne. The rent was very reasonable at €267 per month (all charges included) for a room with a (tiny) en suite, a desk, shelves/wardrobes, and a mini-fridge - though the cooking facilities left a lot to be desired (4 hob rings and a microwave in the shared kitchen which was closed from 11pm at night). The residence is directly opposite the tram stop INSA - Einstein so had good transport links into the centre of town. Getting to the hospitals in the east was a little tricky, requiring two buses, or a reasonable distance cycle (not ideal as there were no showers at the hospital) but aside from that, the public transport in Lyon was excellent - for €30 a month plus a one-off €10 you have unlimited use of public transport (tram, bus, metro, funicular) and an hour free on the bike share scheme each time you take it out (just be sure to lock it up properly at the station when you're done otherwise you'll get charged). Many locals unironically use mini scooters to get around town, finding them easy to fold up and take on the bus/tram/metro when required, as bikes are not permitted on board. Whilst obviously a pragmatic choice for city commuting, it's a little bizarre to see adults scooting along to work in the mornings.

By and large, living in Lyon is similar to living in any major city, with plenty of bars, restaurants, museums, and night-time activities - the Erasmus student network does a good job of organising group outings which makes things much cheaper. Lyon is the gastronomic capital of France and a traditional 'Bouchon Lyonnais' is worth a try, particularly paired with a local Beaujolais or Côtes du Rhône. A 'carte musées' gives you unlimited access to the musée des beaux arts, musée d'art contemporain, musées gadagne, centre d'histoire de la résistance et de la déportation, musée de l'imprimerie et de la communication graphique et musée de l'automobile for a year for just €7 and is well worth it as these museums are all very impressive and excellent ways to learn more about the city itself and its heritage. The tourism office also offers guided tours of some interesting corners of Lyon, like the rooftops of the cathedral and the traboules of the old town and Croix-Rousse (these are narrow alleyways that were built through buildings in order to economise space in these older quarters of the city which have been variously used to transport silk between workshops and enable clandestine meetings for the resistance during the Second World War).

Geographically, the city proper extends from the hills of Fourvière to the west and Croix-Rousse to the north to the confluence of the Saone and Rhône rivers in the south which delineate the presqu'île. With Vieux Lyon to the west of the Saone and the newer part of the city to the east of the Rhône, the communes of Villeurbanne (location of main university campus) and Bron (location of a major hospital group) sit to the east of the city and merge seamlessly with it, served by the excellent public transport system and the velo'v network. There are a number of other communes that have been absorbed into the Greater Lyon area including Venissieux and Oullins to the south, Ecully and the Mont d'Or to the west and Caluire et Cuire to the north. Lyon is generally a fairly green and beautiful city, with plenty of cycle routes, parks, and the beautifully kept riverbanks. Must-visit sites include the cathédrale Fourvière and the théâtre Gallo-Romain, a short but steep trip up the funicular railway (or a walk through the rose garden if your legs are up to it) from vieux Lyon allows you to explore the beautiful church and the Roman ruins, both offering excellent views across the city. The Parc de la tête d'Or and the Grand Parc Miribel-Jonage are both substantial and well-equipped urban parks with a wealth of activities to try, including a zoo, boating lake, freshwater swimming areas

Lyon is a great place for sport too; free classes in a vast range of sporting activities are on offer for Erasmus students studying in health-related disciplines. I personally tried the climbing, and the gymnastics on offer through the university, and found the equipment and coaching to be excellent. There were also opportunities to play handball, volleyball, basketball, rugby, football etc - whatever floats your boat really. Outside of university sport, I found that running in the Parc de la Tête d'Or and Parc de la Feyssine which were both practically on my doorstep, cycling along the ViaRhona (a long distance cycle route that follows the Rhône from source to sea) and in the Alps around Annecy, Albertville and Grenoble, and swimming in the heated outdoor swimming pool on the banks of the Rhône near Guillotière and in the small lakes of the Grand Parc Miribel-Jonage were excellent ways to enjoy the city and its environs. A large public ice-skating rink near confluence is another option for days when the weather is not so nice.

Lyon is in a pretty great location, with short (and fairly priced) train journeys to other major French cities such as Paris, Marseille, Lille, Dijon, Grenoble and Annecy, not to mention easy access to Geneva, just a short hop across the Swiss border. Unfortunately, Nice is a good 5 hours away by train as after Marseille the service slows down considerably as it winds its way along the coast, making it a bit more of a commitment. However, in Lyon you're only 2 hours from the sea and the mountains. It's easy enough to enjoy a weekend skiing in the French Alps (les sept laux by Grenoble and la clusaz by Annecy are the closest and perfectly serviceable). Similarly, a trip to the Camargue or les Calanques is just a short hop on the TGV. Train services are regular from both the Gare Part-Dieu and Gare Perrache meaning day trips or weekend jaunts within the region and even into Switzerland are not out of the question.

During my time in Lyon I worked in three different hospitals; l'hôpital neurologique Pierre Wertheimer, l'hôpital De la Croix Rousse, and l'hôpital Edouard Herriot.

As the name suggests, l'hôpital neurologique Pierre Wertheimer is a specialist neurology centre. It is located on the same site as l'hôpital cardiologique and just across the road from l'hôpital Femme-Mère-Enfant; all in the northern section of the fairly massive groupement hospitalier Lyon-Est. The interventional neuroradiology service there is involved in the diagnosis and management of disorders of the cerebral vasculature. This means a normal day of elective work usually consists of multiple cerebral angiograms in the intervention suites, either for diagnosis or follow-up of suspected or treated aneurysms, arteriovenous malformations, and fistulae. The angiograms are short and sweet when compared with treatment sessions which involve inserting coils, stents and/or glue to treat the aforementioned maladies. The emergency work consists of thrombectomy for ischaemic stroke which is performed using stent-retrievers and/or suction catheters. Medical students in this service spend most of their time in the intervention suites, assisting on all the above interventions and, depending on skill progression, performing the majority of a cerebral angiogram under supervision.

L'hôpital de la Croix Rousse is a mid-sized hospital on one of the two major hills in Lyon (cycling there was pretty much out of the question as it was so steep). The A&E there is open from 8am to 7pm and has no major trauma service so has a fairly heavy focus on medical emergencies rather than surgical. The medical students in the service see the patients first, with the approval of a doctor, and take a history and perform an examination before presenting back to the doctor. They have access to the computerised note-taking system which includes all letters, results and imagery and they are able to prescribe X-ray imaging, but not blood tests or medicines. Medical students work a rota of 4 staggered shifts per day. The first starts at 8am and finishes at 6pm, the second starts at 9am and finishes at 7pm, the third starts at 10am and finishes whenever the last patient admitted before closure at 7pm has been seen (from 1pm this shift is focused on the 'filière courte' which works as the minor injury service), the final shift begins at 11am and stays on-call overnight in the short stay unit, finishing in the morning. This placement had an interesting case-mix, was a lot quieter than A&E departments I've seen in the UK and as a result there was plenty of opportunity for the doctors to teach students.

L'hôpital Edouard Herriot is located just across the road from the Medical School at Grange Blanche, not too far from the groupement hospitalier Lyon-Est. It is a major trauma and burns centre and is well-known for good surgical and ICU services. The burns service is a regional centre of excellence and so receives tertiary referrals from all over the region, including a fair share of paediatric as well as complex burns cases. Burns care was not a specialty I had particular exposure to in the UK beforehand so I couldn't comment on the differences in practice. While I was there on placement, there was a large number of medical students considering the size of the unit. Time was split between weeks on the ward/ICU where students were expected to perform a secretarial role (updating handover lists and summarising patient notes) in addition to seeing patients on the ward and the ICU and presenting on afternoon ward rounds, and weeks in theatre which were very interesting and allowed plenty of licence to practice simple surgical skills. Unfortunately due to the number of students, time in theatre was fairly limited, though towards the end of my time there they did open up a second operating theatre so in the future it should be a bit more useful as a placement.

What you have learnt on the placement with regard to any differences to UK hospitals and practice, the medical training programme, the contrasting medical cultures

Students seem to be both expected to do more and be more confident in their ability to do things. Medicine is a 6 year university course in France and there are fairly regular national examinations that have a huge bearing on students future. The first year at university for health professional students is called the Première Année Commune des Etudes de Santé (PACES) and your rank (and your choice) at the end of this first year determines which type of health professional (doctor, dentist, midwife, physio or OT) that you can train to be. Other allied health professions have separate training programmes. This competitive element means the students tend to hit the books pretty hard and seem very knowledgeable. Additionally, French doctors don't receive their diploma until they finish the internat which is around three to five years after finishing medical school. Before starting the internat, in their final year at university they take part in the Epreuves Classantes Nationales (ECN) which is a national exam which ranks all the final year students in the country. Students apply to specific posts for the internat and for competitive specialties and parts of the country it is necessary to be highly ranked. It's as if we didn't have the foundation programme and every specialty had run-through training, meaning French medical students have to choose their career path slightly earlier than we do in the UK.

How you have gained from this experience in terms of:

i) linguistic development

Attending the French classes at the faculty of medicine on Thursdays was very useful for improving my grammar. I found that on my first placement I spent a lot more time listening and reading than I did speaking and writing, so having set homework to do was quite handy. Tinder was also really useful for meeting French girls and going on dates where I had to speak French and try to be charming at the same time (very difficult I found). My A&E placement was probably the most useful for improving my medical French as the broad case-mix expanded my vocabulary extensively, and increased patient contact compared with the other placements meant I was forced to come to grips with lay terminology for health and

disease which was frequently baffling at first e.g. 'tomber dans les pommes' meaning to faint. I feel much more confident in both my medical and general French after this placement and I feel in particular that I have picked up a more casual linguistic style, introducing a bit more slang and constructing sentences around more specific verbs instead of trying to translate from English in my head.

ii) inter-cultural understanding

There were three main aspects to how the placement contributed to my intercultural understanding. There was adapting to living in France/Lyon and all the cultural foibles, experiencing the French medical and health culture, and - with Lyon being quite a diverse city - seeing how the French interact with foreigners.

I didn't particularly struggle with adapting to living in France as I have previously worked on campsites in Brittany and the Côte d'Azur during summer holidays and my semester out. I had also done an SSC in A&E in Nice during my third year. Apart from reminders of some of the negative French stereotypes that do actually hold fairly true; rude waiters, not queueing properly, smelly cheeses etc, the cultural gulf between the UK and France appears to me to be a fairly narrow one (just one reason why the Brexit vote stings quite severely). On the more positive side of things is the quality of the food, a philosophical and political bent that lends an air of sophistication not always present in the UK (the apparent ascendancy of the Front National notwithstanding). The approach to work-life balance is a thing of beauty, the importance of time for family and friends is clear to see and really inspiring, even if occasionally it results in mild inconveniences like shops being shut on Sundays.

The main difference in the medical and health culture that I noticed in my placements was that there was a distinctly more paternalistic approach to treatment. Everything seemed a bit more old-fashioned in general, lots of the strict regulation that we have seen introduced into healthcare in the UK seemed to be non-existent. Information governance is extremely lax - doctors take paper patient records home to work on with no tracking system, they take photos of patients with no formal consent process. In the hospitals in Lyon I didn't encounter any requirement for ID badges, or swipe-card access to most parts of the hospital (the doctors offices were robbed in my second week in interventional neuroradiology) and very few people challenged me on who I was and what I was doing there. Patients and doctors have a tendency to know drugs by their commercial rather than generic names, which is immensely frustrating, particularly when a prescription has a mix of generic and commercial names on for no clear reason. In addition there seems to be a lot more tolerance of treatments with a fairly weak evidence base, and significant individual variation in practice between doctors in the services I worked in. That said, both the interventional neuroradiology and burns services I worked in are well-renowned and pushing the boundaries of what was technically possible in terms of clot retrieval and plastic surgery. In comparison with the UK, doctors appear to do very little procedural work on the wards; cannulae, bloods, catheters, IV fluids are all managed by the nursing staff, who generally seem to have more of an advanced clinical role than nurses in the UK, for example anaesthetic nurses seemed to manage the majority of a general anaesthetic themselves in the intervention suite.

There were some more positive aspects to the medical culture though - there seemed to be a much less strict hierarchy within medical teams than in the UK, people seemed much more relaxed at work and with patients than I have seen in the UK and much less stressed in general. The medical students seemed like much more part of the team and were trusted to do things from day one on the placements. The medical students are also paid for their time on placement and have to do late and night shifts and sort out their rota to ensure cover. This probably contributes to the impression I had that they were very competent and seemed more advanced in their clinical and theoretical knowledge than students in the UK.

iii) in terms of your ideas and future plans

With an increasing tendency among junior doctors to take time out from formal medical training in the UK after F2, undertaking this four month placement in France has given me some further options to consider at that stage of my career. Working in the French medical system for a while, or using my French language skills to apply for work on humanitarian relief projects in francophone countries via organisations such as *médecins sans frontières* or *médecins du monde*. I have certainly enjoyed some of the differences in the health systems and patterns of working that would attract me to come back at a later stage in my career. If not during an F3 year then perhaps for a clinical fellowship or similar work in an academic centre, it's difficult to tell at this point in time what direction my career will take

Any practical issues that future students on this placement should know about

When filling out the Learning agreement for studies make sure you put down your placement choices in order of preference, ignore the sheet with the lesson options on it, it's not relevant for us since we only do placements while here. The Manchester Erasmus team doesn't accept the Lyon version of the Learning Agreement for studies so if you get both versions signed and stamped at the same time it will help. It's generally pretty handy to have photocopies of your EHIC, passport, and birth certificate along with some passport photos with you for any administrative activity so bring a few with you. In order to start the placement on time you will need to arrive the week before you are due on placement, as it is necessary to sort things such as insurance and registration with the university before you start. The university has some fairly useful services that aren't really signposted to Erasmus students before or at arrival; the occupational health service (which includes sexual health, immunisations, and mental health) a fruit and veg delivery basket service, the online learning platform for Lyon students (called Spiral) has loads of medical lectures in French which are really helpful for understanding what's going on in some of the placements, there's also a co-operative supermarket (GAELIS) for students who find themselves strapped for cash which you can apply for. It's useful to check your Lyon email quite regularly to find out about lots of opportunities, there was also a big meeting of Erasmus students with the faculty about 6 weeks into the placement which was really handy for meeting people so keep an eye out for that

Any addresses, phone numbers and contacts that might be useful for future students

Hostel I stayed in on first night in Lyon

- Away Hostel

Facebook groups

- Erasmus Student Network Cosmo Lyon
- Sorties Etudiants Internationaux & Français - Médecine Lyon
- Faculté de Médecine Lyon Est
- Etudiants de Lyon
- ACLE