European studies report : Université Paris Descartes

Why European studies?

Since the start of high-school I have always had a passion for learning the French language and I always wanted to continue developing my French into higher education. Despite this, I hadn't spent much time in France or practised my French with native speakers and therefore although I had been taught a strong foundation in French vocabulary and grammar I felt that I could still come across as unnatural in conversation due to a lack of experience. Therefore, I needed hands-on experience in a French speaking country where I could gradually build my confidence day-to-day through immersion in the French culture. I felt the European studies programme could deliver this with the option of completing PEPs and the extended ES placement in French hospitals.

Moreover, in completing the ES component of the course you complete internationally recognised qualifications which would facilitate the option of future employment as a doctor in a French-speaking healthcare setting. This along with the potential exchange programmes makes the ES programme a unique component of the course and allows cultural interests to be expanded during the medical degree. I feel that this opportunity was all the more important in our current political climate whereby Erasmus funding could soon be less secure.

My experience of living and working in Paris

Personally I found it quite difficult to plan for my Erasmus placement as this was precisely the time when I was preparing for finals and I had never planned for accommodation on my own before, which made the process quite overwhelming and I left much of the preparation to the last-minute which I would advise against.

I planned to get a flat-share with native speakers using air-bnb and similar websites, however due to my poor timing there were few options left which didn't appear cost-effective. If I could perform my placement again I would have organised an Airbnb in advance with other students from Manchester which some peers managed to do for affordable rent.

With a few weeks to go until my ES placement and no accommodation lined-up I reviewed the previous European reports to see if someone had been in my situation. One of the reports recommended the Cite internationale universitaire de Paris CIUP and specifically la foundation des États-Unis. I tried filling out an online application form for the CIUP but response times 1-2 months and therefore I phoned the different houses directly and managed to gain a place at la foundation des Etats-Unis with a monthly rent of 670 euros. The accommodation was very similar to student halls with a mixture of American Erasmus

and French-speaking international students who were very friendly. There was generally a very sociable atmosphere with student-organized evenings occurring very frequently, but the high proportion of students to individual halls meant that the kitchen was often overran and it made more difficult to get to know all of the neighbours well.

It's important to recognise that the cost of living and accommodation is more expensive in Paris than Manchester with 'Lidl' and 'Simply market' offering the most affordable day-to-day groceries. I would also recommend visiting one of the many farmers markets dotted around Paris, particularly 'le marché Bastille' usually open on a Thursday and Sunday morning. This is a great way to stock-up on fresh fruit and vegetables for the week ahead.

Alongside the must-see tourist sites, Paris is blessed with a variety of beautiful parks where I often went to read on sunny afternoons, these include 'Buttes Chaumant', 'le parc Monceau' and 'le bois de boulogne' which are worth visiting.

I found it particularly interesting living in Paris during a time where Paris was undergoing a presidential election. This is because generally many patients, doctors and medical students were politically engaged and would often be talking about the election when they were free and would ask me about my own political interpretation as an overseas student. Furthermore, whenever I passed 'République' there seemed to be a demonstration where people would be expressing their views on either politics or other societal issues and I therefore found it interesting to follow such events including international women's day.

During my first placement my co-externes being very sociable and helpful during placement, they were very conscientious and had to prepare for their upcoming 'internat' exam and therefore could not socialise much outside of the placement. However, I was fortunate that I had friends from Manchester and nice flatmates with whom I could socialize and practise my French.

During my second placement the time-table during the week meant that I could profit from my free afternoons where I would often have lunch with my co-externes in the surrounding area. We would either dine in a local restaurant or market stall near 'Port-royal' and on some occasions take lunch to 'le parc du Luxembourg' when there was good weather. This placement lived up to its reputation of being demanding but formative, with each patient having complex problems and the internes and consultants expecting you to know their history well and present the case during the morning ward round

St Joseph placement

My working lifestyle differed vastly between my two placements with a more relaxed timetable for my St Joseph A&E placement with full days up to three times a week. This

gave me time outside of my placement to explore Paris. The hospital was private, well-resourced in terms of staff and equipment and provided care for mostly elderly patients. Despite this, the patient demographic was varied on the whole, allowing me to see many different conditions.

The placement started at 8:30 am and finished at 6:30 pm and was only during weekdays and did not contain night shifts. We were given the independence to decide our shifts ourselves as a group of medical students, which we did using a facebook group and this was sent to the secretary for confirmation. The day started with a 'transmission' or handover which the medical students attended in order to learn about patient management. However I often found the transmission difficult to follow with a lot of specialised vocabulary and acronyms being used, but I did improve my understanding from shift-to-shift and could clarify terms with medical students if I was unsure.

The clinical environment was divided into two general zones to which patients were triaged depending on their ambulatory state or illness severity. The blue zone looked after ambulatory patients which were generally less severe. The yellow zone looked after non-ambulatory patients transferred on beds and who were generally more unwell. Following the handover, the other medical students and I would decide our zone. As medical students our role was to see new patients, take a history and examine then and form an initial management plan. Then I would write-up my 'observation' of the patient onto the hospital system and ask to present the patient to a senior who would then examine the patient and give me feedback. I would then follow the patient through their initial investigations and review further new patients and hand them over. On reflection, this process meant that I improved my reviewed a large number of patients and this improved my clinical experience and ability to document my findings and present to seniors. Furthermore, I was given the opportunity to apply local anaesthetic and sutures to patients which would have been difficult to find on a similar placement in the UK. However through only assessing new patients, I did not spend much time reviewing patients or learning about the acute management of severely unwell patients in the resuscitation area which could have been beneficial to my learning.

Hôpital Cochin placement

Contrastingly, my second placement at hôpital Cochin in ICU had a more intense time-table. I had placement Monday to Friday from 7:45 to 13:00 with an additional 5 night-shifts and 3 Saturday morning shifts on-call. My on-call night shifts lasted from early evening until 10am during the week after having been on-shift in the morning and I would get the rest of the day off to recover. For on-call night shifts at the weekend the shift would start at around 8:30am and finish at 10am the following day. I found these shifts quite taxing physically and mentally

as I was not used to maintaining my concentration for such a long time. During these shifts meals were shared with the medical team for which the consultant would usually order a takeaway. I had my own personal room where I could rest when I wasn't busy on the ICU wards.

Each shift would start with the medical students reviewing our patients from the previous shift and spreading the new patients equally among us for our assessment. We would then attend the handover whereby the on-call team would present their patients in front of the day-team and a medical student who was on-call would present one of the new patients from their shift, which was quite a stressful but educational experience. We would then receive a lesson from one of the consultants on ICU management or 'semiology' which was always clearly explained and they always welcomed questions. Then, we would continue to assess our patients and prepare their daily management plan through communicating with other doctors and present the patients to the senior consultants during a ward round. I found this task difficult as we had to factor in completing other tasks such as ECGs, organising the patient dossier and faxing prescriptions and examination requests, and the computer system was not straight forward to use. This, along with the complex nature of the patients and language barrier meant that my presentations were initially incomplete but became more comprehensive as the placement progressed.

What have I learnt on the placement with regard to differences with UK hospitals and practise, the medical training programme, the contrasting medical cultures?

<u>Differences in medical practice</u>

I felt as though the biggest difference in the way that medicine was practised in France was the paternalistic relationship between the doctor and patient, who were often told which treatment regimen to follow by the doctor without having much opportunity to question it. On the one hand, this may reflect a higher level of trust in doctors in French culture and a higher level of patient satisfaction with their care. Furthermore, this may reflect the less noticeable presence of a regulatory body such as the GMC making sure that patients are treated appropriately. Personally, I feel as though this could negatively impact the quality of care delivered to patients through patients being less likely to challenge the care that they have received and as a consequence the same errors could be made without correction.

I also felt that in consultations less emphasis was placed on the importance of communication with the patient. This gave the practitioner more time to focus on whether they were carrying out the correct steps in investigating and managing the patient and could lead to improvement the decision making process. However there was an instance during my A&E placement where news was broken in a rather clumsy manner arguably leading to a

more distressed patient than if the 'SPIKES' pro forma had been followed. Despite this, some practitioners did provide clear and comprehensive explanations to families on breaking bad news which I noted during my ICU placement when important management steps were necessary.

I noticed that the medication used was almost exclusively prescribed in its branded form which made it difficult to decipher the generic form which I was used to and sometimes led to miscommunication and could make prescribing choices more difficult to understand. Therefore I would recommend future Erasmus students to familiarize themselves with 'Vidal' which is the French equivalent to the BNF for medication prescribing.

Another difference in practice is the fact that only nurses tend to perform routine skills such as blood taking and cannulation, and the doctors only perform the more advanced skills such as placing a central line or chest drain. This is not the case in UK medical practice.

Differences in medical education

The French system of medical education comprises of 6 years with the latter 3 being clinical. There is ample opportunity to improve clinical competencies with placement generally occurring every weekday morning with lectures in the afternoon, as well as the opportunities to perform night shifts. This means that by the 6th year of their studies the students are generally highly experienced in the clinical environment.

Alongside gaining clinical experience the French medical students have a tangible responsibility to look after the patients that have been assigned to them, and bearing this responsibility helps them in developing into competent junior doctors. I feel that this responsibility in the UK only existed during my 5th year placements and was not instilled to the same extent.

Furthermore, part of the role of an 'externe' is to carry out administrative duties related to the care of a patient. This includes: phoning the lab for certain results or faxing examination requests and maintaining a paper dossier which is necessary for the patient's discharge from the medical department. Relative to medicine in the UK this practice represents a larger administrative workload, which the 'externes' are expected to perform and the 'internes' generally write in the computerised notes but can offer assistance to the 'externes' when problems are encountered.

Through speaking with my 'co-externes' I realised that there was extra pressure on them for the medical placement as they are scored and this mark contributes to their degree rather than just a 'pass or fail' placement as is the case for my UK medical placements. Moreover, the French medical exams are purely theoretical and practical exams do not exist. This

meant that the workload for students outside of placement was generally more intense with many students worrying about paying for private conferences and finding it difficult to fit all of their scheduled work in. Whereas in the UK the emphasis of learning tends to be preparing to practise on the wards and preparing for OSCEs, which I feel more realistically assesses competence to become a junior doctor.

In the 6th of medical school in France all 'externes' have to pass a final examination called the 'internat' which ranks each student with respect to all other medical students in the country taking the exam. Their rank along with their preferences decides their future speciality and training location which means that students have less experience of medicine before definitively specialising which could potentially lead to less satisfaction in your choice as it could be less informed.

Cultural differences in practising medicine

There is a strong sense of hierarchy in French medical practice extending from the 'externes' to the 'internes' to the 'chefs de service' and then the more experienced consultants who have responsibilities running the whole department and often have obligations at the university. I found that this hierarchy could manifest itself during ward rounds where the opinion of the senior consultant could have more weight than less senior members of the team and they often had the final say for the patient. I believe this contrasts to the UK whereby all team members tend to contribute to the final decision making (although the patient's care is ultimately the responsibility of the consultant).

Despite this, I noticed that there was a very sociable atmosphere during weekends of my ICU placement when the consultants would often bring 'viennoiserie' for breakfast and the team would talk about medicine and their plans for the rest of the weekend. Additionally, many members of the team were genuinely interested in my experience as a student in their department relative to that in the UK which often led to interesting discussion over the pros and cons of our respective medical systems.

How have I gained from this experience in terms of i) My linguistic development ii) inter-cultural understanding iii) my ideas and future plans

My linguistic development

With this being my first extended period of time living in France I experienced a big difference in the French that I had learnt in the classroom to the colloquial French being used day-to-day. I found that both of my placements, particularly my ICU placement due to the daily exposure to spoken French allowed my oral comprehension to develop. I found this difficult at first due to the heavy use of slang combined with specialist medical abbreviations,

but with repeated exposure and asking my co-externes around any uncertainties I managed to better understand the daily ‘transmissions’ of the patients that I had followed on the wards.

I found that understanding French was easier when conversing with my CIUP flatmates as the specialist vocabulary wouldn’t get in the way of communication. Furthermore, I became more familiarised to ‘verlan’ which I had not been formally taught before in the classroom. However, due to the accommodation being partly English speaking many of my flatmates who were French wanted to practise their English which could have hindered my own linguistic development. I believe that if I had managed to live in a ‘flatshare’ with French speakers I could have further developed my French through increased exposure

Inter-cultural understanding

I found that many aspects of the French culture were similar to that of the British culture on the whole however there were occasionally marked differences which I learnt to appreciate. I noticed that some aspects of the working culture were much more sociable. I liked the idea of having an extended lunches with my co-externes as this greatly helped my ability to get to know them which consequently made me feel more part of a team during my placement.

Furthermore, when going out at night I noticed a stark difference in the drinking culture. My flatmates and co-externes informed me that the French found the British culture of binge drinking quite alien to them as they had grown up with alcohol from a relatively young age and “knew their limits”. This was evident from the friendlier atmosphere in bars in the early evening whereby socialising seemed to be the main activity and drinking was secondary.

At the heart of French culture is the value of ‘laïcité’ or secularism, which means that the state does not formally recognise distinct religions so that government is not influenced by religious views and vice versa. From speaking to my French flatmates there seemed to be a difference in opinion as to whether this had helped or had reduced integration of different groups into society. Furthermore, my flatmates believed that secular laws had led to controversy over the wearing of religious symbols in public.

My ideas and future plans

Following speaking to ‘internes’ during my Erasmus experience during both placements it became clear to me in both A&E and ICU the rota is quite difficult and on some occasions as a junior doctor you will have to perform night shifts lasting over 24 hours. Although this reflects the rota of two specialities where the demands on the availability of doctors is high, I got the general impression that doctors worked longer hours for less pay.

Furthermore, the ‘paternalistic’ approach to medical care is an approach which contradicts a large components of my teaching at medical school, whereby joint decision between the practitioner and the patient is what I have been taught. I personally feel that the latter approach leads to more individualised care and a higher rate of patient satisfaction which is important to consider where to practise medicine. I feel that because of these differences I think it would be unlikely that I would pursue a medical career in France. Despite this, the experience has given me the opportunity to practise in other French-speaking countries or perform work for overseas organizations such as ‘médecins sans frontières’ at various stages during my training in the UK.

It is difficult to comment on my future plans at this early stage of my medical career and how this placement could influence them. However, I believe that my ICU placement allowed me to appreciate the varied nature of critical care and I now feel I could make an informed choice to pursue this speciality or not in the future. I aim to reflect on my A&E placement in FY1 before deciding to pursue the acute medicine training pathway in the UK.

Practical issues

I opened a bank account with ‘société générale’ soon after coming to Paris, which is essential in order to get paid monthly. The bank was running a deal in conjunction with EIAP which offered a 100 euro starting bonus. Furthermore, I opted for a monthly ‘navego’ pass priced at 75 euros/month of which half was reimbursed by the university, this allowed free metro and bus travel around zones 1-5 of Paris and included both transfers to both airports.

Useful contacts

I found the most useful contact to be the international student co-ordinator at Paris Descartes Erichetta Mazerat (she will advise you on the required documentation and administrative steps). E-mail: erichetta.mazerat@parisdescartes.fr