

## European Studies Placement- Granada 2017

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### Why Granada?

For me, a big pulling factor for coming to Manchester Medical School was that it offered the European Studies programme. I have always been interested in doing humanitarian work outside the U.K. and speaking a second language is a vital skill for working abroad. Furthermore, it gave me the chance to improve my language skills whilst studying medicine, which can be difficult to do with the demands of the course. At the end of the Spanish European Studies course you are given the option to choose between doing a four month medical placement in Madrid or Granada. The placement takes place after you have sat your exempting exams in year five, February to May, and you rotate around different specialties each month.

I chose Granada because it is known for being a young, vibrant city; there are many students here and the cost of living is low. Granada is located in Andalusia, a province rich in culture- the epicentre of tapas, flamenco, festivals and carnivals. Culturally it is distinct to other parts of Spain, generally people are warmer, chattier and the pace of life is very relaxed. But more so, there are many places of natural beauty to go and visit. Within Andalusia you have Cadiz (the oldest city in Western Europe), Seville (the capital of Andalusia and home to the typical 'Sevillanas' dance) and Cordoba (known for La Mezquita, an immense mosque). Although Andalusia is a huge region, these places are all easily reachable by bus from Granada.

Granada itself is a protected heritage site: there is the Albayzín, a neighbourhood with white-washed buildings and terracotta roofs where everyday you will see locals and tourists climbing the steep cobbled hills to watch the sunset from one of its many viewpoints. Granada is also home to the majestic Alhambra, a Moorish fortress which can be dated back to AD 889 and is a significant example of Islamic architecture in Spain. 'Alhambra' is also the name of the beer of Granada, which you will come to know very well if you enjoy tapas! If you enjoy skiing there is also the Sierra Nevada ski resort, just an hour away on the bus with plenty of good offers on classes and ski rental and during the spring the prices become cheaper as the snow starts to melt! Also just an hour away is the coast- Motril is Granada's closest beach and easily commutable.

The province is renowned for having a distinct accent, the letters 'd' and 's' are not pronounced, for example, the d in the word 'pescado' is skipped to make the sound 'pescao'. Coming from a system which uses a more neutral 'Madrileño' type accent as a model for speaking Spanish, the Andalusian accent takes some time to get used to. The "Granadino" way of speaking is rich in proverbs, sayings and slang. Don't be surprised at how often people use swear words here- in a day you will hear 'coño' and 'polla' often! The Andalusian manner of speaking can be very animated, with lots of gestures, comical

remarks and many tend to speak quite fast! You may see doctors discussing things in raised voices- this may, or may not, mean they are having an argument!

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## Placements

At the end of year 4/beginning of year 5 there are a couple of forms that you have to fill out, its important to get them done on time and talk to the european option team if you have any doubts. I left mine till the last minute but I wouldn't recommend doing this during finals revision! It is at this point that you can choose which placements you would like to do abroad. The choices in Granada are: colorectal surgery, ENT, internal medicine, Cardiology, A&E.

My first placement was in internal (general) medicine in a hospital that is about to be closed down called San Cecilio. I was placed with a very friendly internist who was very patient with my lack of Spanish....and medical knowledge! He would often give me mini tutorials and push me to explain aspects of clinical medicine in broken Spanish-which was often difficult! I would recommend looking up the units they use here for blood gases and glucose for instance, in the U.K. for blood gas results we use kPa but in Spain they use mmHg. This might cause a bit of confusion the first time you are asked to interpret an ABG!

Overall, I enjoyed my time in San Cecilio, it had the intimate and friendly feel of a DGH and I believe it was due to the fact that it was soon to be shut down. Here, I was able to start to learn how doctors in Spain take a medical history, learn what the doctor's role here is in Spain and generally improve my listening and speaking skills. The main difficulty I faced was getting used to the granadinian accent, learning the common sayings they have there and maintaining my concentration- often in a day I would zone out unintentionally!

My next placement was in Cardiology, in the hospital next door to San Cecilio called Hospital Virgen de Las Nieves. The name Virgen de Las Nieves comes from a shrine at the top of the Sierra Nevada, on one of the peaks sits the Virgen Mary and if you ever go skiing or hiking in in the mountains you may see it!

This placement was extremely useful as this is the main centre in the region for coronary angioplasty and inherited cardiomyopathies. Most mornings they have a 'sesión clínica' where they discuss interesting cases or new guidelines etc. The other good thing is that you are moved around different sections of cardiac care. One week is

spent in haemodynamic studies. In 'hemodinamica' you get to see lots of coronary-angiographies-, these are performed to: investigate the degree of coronary heart disease or the grade of valvular disease a patient has and is a means by which to decide whether a certain intervention needs to be done. The interventions which are carried out are varied, coronary-angioplasty is the most common procedure and any patient who needs an urgent PCI following a heart attack comes to this centre. Here, you are also able to see valvular procedures such as TAVIs and valvuloplasty.

The other weeks in Cardiology are spent on the ward, in the outpatient clinic and with the arrhythmia team. On the week with the arrhythmia team you will be able to see cardiac ablation procedures and interpret lots of abnormal ECGs. If a doctor asks you what you think of an ECG don't get caught out, always go through it systematically- starting with the axis, rate, rhythm etc.

Because this is the main centre for cardiology, nearly all the medical students pass through here and you will get to meet students and residents. The flip side to this is that you are just another student and there is the risk of being ignored or neglected at times, but that happens to students everywhere- you can always take your laptop or book to make the most of these moments!

My third placement was in Urgencias (A&E) in Hospital Virgen de Las Nieves. The doctor I was with was a young 'adjunto'- which is equivalent to a consultant in the U.K. Her knowledge of the foundation programme and the role of the junior doctor meant that she pushed me to be more hands on than any of my other supervisors. I was able to take histories from patients, examine and verbalise what my management plan would be, then she would get me to write in the notes. She also allowed me to go with the nurses one afternoon to have the opportunity to take bloods and insert urinary catheters (I was able to get some UPSAs signed off this way!).

In Urgencias there are many things which work differently in Spain. Firstly, any urgent issue which involves paediatrics/gynaecology/obstetrics, goes straight to the maternity and paediatrics hospital, this makes a lot of sense because it means that the adequate staff are already on hand to deal with the emergency (e.g. the gynae registrar is in the department already to evaluate a suspected ectopic). The layout and system of the A&E is also different to what we are used to: instead of minors and majors they have a scoring system (1-high risk to 5-low risk), generally 3-5 are low priority cases, the majority could be seen in a GP clinic, but they are evaluated and escalated as needed. 1-2 scores go straight to resus. They also don't have an acute medical ward so the A&E is large and acts as a holding area until the patient gets a consultation from a specialist- what they call an 'interconsulta', if the cardiologist for example says the issue is cardiac in nature then they get moved to the cardiology ward.

There are nurses stations in between every couple of consultation rooms and the nurses are normally rushed off their feet doing all the jobs, whilst giving medications, whilst changing bed pans, whilst dealing with irate family members! The curious thing is the patients wait outside in the corridor between the consultation rooms whilst awaiting results or their discharge. It means that the department can get quite warm and feel over-crowded but it seems to be a good strategy to deal with the number of cases that pass through the door. In Spain, just like the U.K. it is also difficult to get an appointment with the GP, causing an excess of cases in A&E and the need to create an effective workflow.

The last placement I had was in ENT in both San Cecilio and PTS hospitals. As it covered paediatric and adult ENT it was a nice change for me as I hadn't been in a paediatric clinic since my fourth year paed's placement. Also, ENT can become quite repetitive so having a mixture of young and older patients meant I got to understand the main ENT pathologies which affect these two groups.

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## Doctors and Patients

The relationship between doctors and patients in Spain is very different to the U.K., the relationship is more patriarchal but communication can be more informal- an interesting combination!

In the U.K. we have a patient-centred approach, we use different models and approaches to explain, counsel and break bad news to patients and family members. Medical education in Spain does not put the same emphasis on communication skills and British students are often surprised by what they see and hear in consultation.

For instance, physicians may be quite direct when breaking bad news or might appear to us to be quite authoritative in their approach to counselling patients. This has to be taken into the context of the culture, where generally people don't mince their words, and language etiquette such as 'excuse me, sorry, pardon me' is simply not used as much as in Britain.

I have witnessed situations where I believe the communication skills we have acquired during the course would be very well put to use, but on the whole patients here seem happy with their care. They feel comfortable with and respect the doctor's authority and at the same time don't hold back from questioning and disagreeing with their doctor. For example I have seen doctors reprimand their patients, either for not taking their medication or for having poor health behaviours (like smoking), and patients don't get upset, it seems to be ok because the doctor is the expert and does it for their good.

Again, it goes back to the general culture of being more direct and assertive with language.

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## Colleague Relationships

I've found that here doctors and nurses have clear distinct roles and they respect each others differences. Doctors in Spain don't do many practical procedures like taking bloods, blood gases or urinary catheters. On one hand, this is useful because these jobs are left solely to the nurses and they become the experts on procedural skills. Leaving the doctors to dedicate their time on their area of expertise- prescribing, formulating management plans and writing reports. On the other hand, I think it is important to at least know how to do the more practical aspects of patient care in case a doctor is found to be attending a patient without any staff to support them.

I have also noticed that between junior and senior doctors there is less distance and a more horizontal work relationship. This may be because the 'residentes' here have more or less the same jobs as the senior doctors and because they start work in their specialty after 7 years of studying, whereas the foundation programme could be seen as an extension of medical school.

Colleague relationships here seem very informal and friendly, it is not unusual to see the doctors having breakfast together before a shift, the nurses having their 'merienda' in the staff room with toast and olive oil and whenever there is a spare moment you will hear people chatting away, talking about their families and making jokes!

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## Doctors as Physicians

There are a number of differences in both the role of the doctor in Spain and the jobs that they do compared to doctors in the U.K.

'Residentes' in Spain (equivalent to a junior doctor) have a greater clinical and biomedical knowledge because of the level of difficulty of their job entry exam- the 'MIR'. It is a difficult and competitive exam pitched at about the level of a core trainee, covers all medical specialties and there are only half the number of positions available for the total number of university graduates taking it. We are lucky that in the U.K. as soon as we leave medical school we have a job waiting for us- in Spain the graduates who don't get a high enough score on the MIR have to wait another year to take it.

As mentioned before they don't do practical skills, the role of the doctor is to make the clinical decisions, prescribe and liaise with other members of staff to carry out the action plan. Whereas in the U.K. the junior doctors may be the ones writing out discharge summaries on busy wards, all the doctors here do their own, for any patient that is under their care.

Some of the tasks they do here may seem slightly odd, for example when they have to review patients on a ward or in clinic they will divide, 'repartir', the patients between all the doctors. Sometimes, this seems to take longer than you would expect it to and as a student you find witnessing the whole affair baffling.

The other thing that you will find surprising as a U.K. student is the differences in clinical examinations, the cardiorespiratory exams are the same but you will find that the abdominal exam or the vascular exam may have some extra parts (the 'kidney punch' for example, looks quite strange but it I've seen it work for detecting kidney stones!).

When comparing the two systems I believe that having a good biomedical and clinical knowledge base is essential for making sound clinical decisions but understanding the clinical picture and being able to take a history and examine a patient is equally as important and I believe that is where our skills are sharper. This is because of the amount of focus our exams have on the patient interaction- looking for clinical signs and features and thoroughly exploring their motive for seeing a doctor. Our course forces us to interact with patients early on and thus we are able to use our clinical reasoning to guide our reasoning for using certain tests, I find that here tests and images are more frequently requested than perhaps are needed. For example, I found that the majority of patients who reported a sprained wrist or ankle were ordered an x-ray when I was in urgencias, regardless of the fact the examination may not have demonstrated a possible fracture. This doesn't happen frequently in the U.K because we utilise evidence-based medicine to guide our management plans.

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## Patients

Patients are generally very friendly and don't mind having students in the consultation room. The granadinians especially enjoy chatting to students and are interested in knowing about you!

The biggest cultural obstacle for students is the language. It can be difficult to understand patients, thankfully they are normally understanding and the doctor is always nearby to translate! Not only is it difficult because of the 'accento granadino' but the Spanish, at least the Andalusians, have numerous expressions and sayings. On top of that are the colloquial expressions of symptoms, for example, a patient may say they have 'una olla en el pecho' = 'a pot in their chest' to express that they have wheeze. Also, it takes a while to learn the phrases that the doctors use to take the clinical history. For instance: 'hacer de vientre' is the colloquial and polite way to say 'to open your bowels', however many doctors will just say '¿ha hecho caca?', which sounds impolite to the British but is perfectly fine in Spain!

Even by the end of the 4 month placement you will still feel bewildered at times but it is perfectly fine to ask people to slow down when they speak or to repeat what they have said. I would take a notebook with me and note down common expressions for taking a history or instructions to give to patients when doing a physical exam.

Regardless of the linguistic challenge, everyone feels instantly at ease when they arrive and Granada is very welcoming to foreign students.

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## Useful Tips for Students Going to Granada

As an Erasmus student going to Granada you won't be hard up to find fun things to do and see. The Erasmus society in the university is very active and there are also trips to nearby places such as Seville or Ronda as well as local activities to the Sierra Nevada. There is also a magazine called 'Yuzin' which lists all the events planned in Granada for that month, including- live music, club nights, flamenco or cinema screenings and the programme is also available online!

If you enjoy going out there are a huge number of options for anyone with a certain music taste or preference. The Erasmus society often holds parties in the 'El Camborio' club, where the music is commercial and reggaeton. If you like Latin music and want to dance salsa, bachata or merengue there are nights with classes nearly every day of the week in different spots but sundays at 'Forum' are good and free! If you want to listen to cumbia, ska, reggae or dub I would recommend either 'Entresuelo' or 'Pato Palo'-these bars are less commercial, the drinks are cheap and you can wear whatever you want! If instead you like to spend your time outdoors, you can get in touch with either the university or the medical faculty sports office and they can direct you to running clubs, trekking societies etc.

The cost of living in Granada is low and you can get a nice place to live, eat and drink with a small budget, however if you want to do trips and activities it is a good idea to have some spare cash.

Eating in Granada is very cheap, if you prefer to cook at home the groceries are the best place to buy fruit and vegetables, if you enjoy going out to eat, many places do set menus for less than €10! Also, in most bars when you ask for a drink, you can ask for a soft drink also, they give you a 'tapas'- a small plate of food, alongside it for on average €2. Vegetarians need to ask if there are any vegetarian tapas when they order as meat is a big component of the Spanish diet!

Depending on area, location and the room, rent in Granada can be between 150-250€ a month with bills another 20-30€ per month. It is important to note that in Granada the newest teaching hospital is a commute from the city centre, and you will more than likely be sent there for at least one rotation. The hospital is called the PTS (parque tecnológico de la salud)- the buses are frequent and you can use either the U3 line or the SN4. The PTS is in the south of the city in a suburban neighbourhood, so when looking for somewhere to live it is best to stay around the city centre or where the older hospitals are. These areas have more going on and are a good walking distance from the bars, museums and places of interest.