
Erasmus Report



Hospital Gregorio Marañón

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Why European Studies?

European Studies was the driving reason behind selecting Manchester as my first choice around five years ago. Before settling on Medicine as a career choice I was strongly considering studying Spanish and even attending a Spanish university. That was until I found the course at Manchester which allowed me to combine both of these interests whilst also giving me more job security at the end of the degree. I was so taken with this prospect that I did not even return the forms to my other offer from Cardiff. As well as being enjoyable and utilising different cognitive functions from studying Medicine, languages really help to unlock a new dimension when it comes to travelling. They introduce you to new people, new places and new experiences that you would be unlikely to come across were you to just speak your native language.

I had originally chosen to study in Granada as I liked the idea of studying in a smaller city that would be more economical and with what I imagined to be a more close-knit student community. However after delaying my application process through considering an intercalation that I ultimately turned down, I was given the options of the three universities in Madrid out of which I chose the Complutense for it being the longest standing university in Spain and central location of its associated hospitals.



Living and Working in Madrid

Living

The most discernible differences between living in the UK and Spain are the national timetable and level of efficiency. When I talk about a national timetable, I am referring to the times at which different activities are performed during the day. Mealtimes, for example, are usually eaten a lot later in the day. Where lunch is the largest meal and a light tea is eaten sometimes as late as 11 or 12 at night. This often engenders a great deal of confusion and amusement from our Spanish counterparts who find it ridiculous that we could have a meal of pasta at 6 or 7pm. In terms of shops and amenities, there is a significant lack of customer service culture. Shops are rarely open from 7am-11pm as they are in the UK and will often close during lunchtime for a couple of hours. Banks are open from 8:15am-2:15pm which makes it hard for anyone working conventional hours to sort out their finances, and even in hospitals doctors are mostly expected to work from 08:30 - 14:30 unless they have a night shift or *guardia*. There is also a distinguishable lack of rush in all sectors except for the trademark race to put your food in your bag in LIDL. You can expect to wait at least 10 minutes before someone takes your order when sat at a table in a

bar, and for people like me who like to walk fast gather some rather strange looks when overtaking the leisurely madrileños in the street.

Culturally it is not too dissimilar from Manchester. There are many big touring bands that stop in Madrid, as well as many restaurants offering food from all over the world and major shopping outlets. It has been interesting to see some niche trends from the Anglosphere leak into Spanish culture such as the opening of many cereal bars and cat cafés that you would be hard pressed to find in the rest of Spain. The way food is treated is also very different. Their native style is to keep things as simple as possible, such as only garnishing a steak with some salt and little else, and the focus is more on the quality of the food. In England I find that we use a lot more spices and sauces to eat with our meals and there is a greater emphasis on having our “own meals” whereas the mode in Spain is largely to share plates.

The level of tourism is significant but not overly noticeable as it is in the Costa del Sol or Barcelona. I put this to the lack of recognisable tourist attractions or beach in the area, mainly attracting a more weekend break type of tourist or other spaniards visiting from other cities. This is refreshing as it makes you feel as if you are living a more authentic Spanish experience, not hearing English on every road you go down.

I lived on a *plaza* very near to the centre called Tirso de Molina which was a fantastic location. It is situated north of the up and coming Lavapiés neighbourhood where you can find some great international cuisine including Senegalese, Mexican and Arab; and a 5 minute walk away from the main *Puerta del Sol* where the iconic statue of *el Oso y el Madroño* (the bear and strawberry tree) is found.

Working

From my house, the hospital where I was allocated - *Hospital General Universitario Gregorio Marañón* - was a 20-30 minute commute away on the very efficient but busy underground Metro system. Gregorio Marañón was a highly respected Spanish intellectual and doctor of endocrinology who was a professor in his field at the Complutense University. Interestingly, in the 1960s and only until fairly recently, was it named after the dictator Francisco Franco. It is a well coveted hospital offering many different specialties and specialist interventions such as bronchial thermoplasty for treatment resistant asthma. It also has a large outpatient facility and only the top 5 ranking scores in the MIR exam gain jobs in the cardiology unit. The hospital is located near to a fairly affluent area called Salamanca but attracts people from all different types of socioeconomic backgrounds, and is known to have a significant amount of patients from Gypsy and travelling communities.

My first rotation was in General Surgery where I rotated between the hepatobiliary and gastrointestinal teams. It was a large department and as such did not get to know a few people well but rather many people quite well. It was daunting to be inducted into such a large department so soon after starting, with very little in the way of induction and introduction. After experiencing general medicine as well I would not recommend choosing rotations in these “general” fields. The teams, I find, are often too big and when

working in the hospital with the aims of maintaining one's medical knowledge and improving one's Spanish, being part of a smaller team in a more specialist service will be more rewarding both educationally and socially.

This was especially apparent in my Respiratory placement where there was a good turnover of patients which allowed for lots of history taking and case presentation. There were also many clinics to attend and meetings that they term *sesiones*, which are similar to MDTs but without other healthcare professionals and are used more as academic opportunities to present cases and learn from them. I would see my supervisor every day and got to know the other students very well too.

One thing that I found difficult to adjust to was the lack of formality in the clinical placements. In Manchester it has been customary to have a meeting with the supervisor prior to starting the placement discussing aims and expectations during the rotation. However, this was not expected nor wanted on my rotations in Spain. For every placement I have tried to talk to the supervisor about what they expect and what I can hope to achieve but it has largely been met with apathy, so I ultimately just ask what time I am expected to be in and what days clinics or theatres are. I would still advise initiating a meeting if not for anything else than making a good impression, it also depends on the placement as on some you will not have any contact with the allocated supervisor, whereas on some you will spend every day with them.

This informality also translates into the doctor-patient relationship along with the previously mentioned directivity in speech. In clinics, patients will often be met with a simple "*pues cuénteme*" without the doctor ever introducing their self. This seems so foreign to a UK medical student where we put so much emphasis on the introduction to the clinical interview and introducing ourselves. For the first couple of weeks I tried squeezing in an introduction by simply saying my name when the doctor would tell the patient that I am a student. However this was often met with confusion from both the doctor and the patient, so I ultimately resigned to not saying my name when the doctor was performing the clinical history, but would always say it when conducting my own histories on the ward.

The matter of breaking bad news also seems to be a lot more simple, which was something that I found really intriguing. The majority of patients, faced with a major diagnosis, would just be told outright without the theoretical "walking down the steps" approach we are taught so much. The people seemed so well spirited that I hardly saw a tear shed when told their diagnosis, and the patient would even sometimes make a joke. This was such a stark contrast to the sombre and dark atmospheres that one experiences when observing a cancer diagnosis in the UK.

The manner of direct speech can also be construed as aggressive from the eyes of a foreign onlooker. I recall one occasion on a ward round during a general surgery attachment where two doctors were discussing a treatment option for the patient by their bedside, the patient wanted to ask something about the treatment and so started to speak but was met with a "shh" followed by a curt "*¡déjeme hablar por fa!*" at which the patient didn't even bat an eyelid.

Confidentiality and personal privacy were also much less respected than how they are in the UK. People will often walk straight into clinics without knocking and doctors will walk around with lists of patients names and their hospital numbers along with data about their clinical state. In nearly every surgery I saw the whole team would be taking pictures on their iPhones of the operation and the open wound which was perhaps the most uncomfortable sight of all. For this to be done in the UK you would have to ask the patient for permission beforehand and involve medical photography, not take a picture on a mobile phone camera. These were often for the purposes of the *sesiones* that take place to show to the other doctors and for a reminder of personal achievement. During physical examinations on the wards the curtains are rarely pulled round and it is not unusual to see a patient have their breast or genitals exposed to the rest of the patients on the ward. This is also something that doesn't seem to bother the patients here, as they will also sometimes walk into clinic and expose themselves to show the problem before the history has even properly begun!

My major gripe with my experience of healthcare in Spain was the lack of good infection control methods and theory amongst the healthcare staff. Hand-washing is seldom seen on the ward rounds; for patients who were colonised and isolated the methods of gowning up left a lot to be desired; and during surgery there was no negative pressure in the theatre and the doors to the theatre were sometimes left open too! Being a UK student where we are so aware of the risks of antibiotic resistance and the need for good antibiotic guardianship, I asked a few doctors why the methodology of infection control is not so tightly adhered to. To this I was often met with the response that "the hospital has a good microbiology team" and has "strong antibiotics". This seemed like a very cavalier attitude and to me displayed a complete lack of awareness of the risks of infections and antibiotics. This was the aspect of Spanish healthcare that I liked the least.

Coming a close second in terms of dislike, was the culture of ordering a battery of tests for everyone who comes to the ward without a hint of guidance from the clinical examination or history. The doctors would order a whole complement of cancer biomarkers, trace elements and other seemingly superfluous tests on patients who would come in with complaints as simple as renal colic, and had heard instances of people ordering whole body CT scans for people coming in with abscesses. To me, this seemed like a monumental waste of resources, especially considering the healthcare system is publicly funded. They appeared to be acting as if they were an American style system where everything is ordered "just in case" which is not compatible with the level of funding they receive compared to that of America. This was confirmed by other doctors who I met at the hospital who were not from Spain (namely Peru and the Dominican Republic) who said that this was something unique to Spain from their experience working in their respective countries. It also brings up the issue of false positives which could expose the patient to more unnecessary procedures and radiation than is necessary.

Another noticeable difference between the healthcare systems is the type of drugs available and how they are prescribed. All drugs in Spain are prescribed under brand names which makes it very difficult to know what's going on initially. I remember asking a doctor in the first couple of weeks what a drug called *Adiro* was and was met with a

disappointed you-should-really-know-this stare. As it happens, it turned out to be Aspirin which made me feel a bit embarrassed, so I will provide a list of a few common drugs and the brand names they use later for the use of future students. They use a drug called *Nolotil* (generic name metamizol) as an analgesic and antipyretic which is actually banned in the UK, the US, and India amongst other countries due to risk of agranulocytosis and they give it out like Paracetamol. Also the dose of Ibuprofen you can get over the counter is 3 times as strong as that in the UK and have seen 600mg TDS been prescribed for a tonsillitis which we would surely consider a prescribing error.

On balance I feel that I would prefer to work in Spain than the UK, as I really value the cultural aspects enjoyed in the hospital. I also feel that with some encouragement, lobbying and auditing you could improve infection control, antibiotic guardianship and confidentiality, and that it would be harder to implement cultural changes in the UK.

Personal Development

Language

I feel the greatest benefit I have gained from this placement has been the improvement in my language skills. I believe I have improved more in these four months than in the 12 years I have been learning Spanish and for this it has been especially rewarding. I made a concerted effort to speak as much as I can and to try not to give myself away as a foreigner by picking up on how people would ask for things at bars, restaurants and in general life, whilst also trying to improve my accent. It can be exhausting keeping your ears constantly open to hear how people interact and ask for things but the effort really does pay off. I used an App called *Tandem* and a site called *Conversation Exchange* - both of which I would really recommend - while out in Madrid to talk to and meet up with people and help them to improve their English while they helped me with my Spanish. I feel I would have improved even more had I lived in a flat with other international students studying Spanish or with actual Spanish flatmates though logistically this was ultimately not possible. One thing that is easy to omit is writing in Spanish. On placements I helped write a few notes for patients but have not written letters or job applications as we do in class. Most of my written Spanish has been done through Whatsapp, which although does not help you with formal writing, really helps to improve your knowledge of Spanish slang as you can look things up online before replying if you don't understand a word or phrase, and then try to use them in your own speech to sound more naturally Spanish.

Another way in which I feel I have improved is just in general smalltalk and pleasantries. As it happens there are a whole host of ways to say hello/how are you/goodbye that we are never told, and if you don't understand these at the start of a conversation it can knock your confidence before you've even had a chance to talk.

Intercultural understanding

This Erasmus experience has showed me how different cultures can be between countries that are seemingly on our own doorstep. The pace of life; nature of the people; attitude

towards food, drink and service; and even what time of day activities are carried out were all strikingly different from the UK. Being in an environment with a language that is not my first has also given me more empathy and respect for international students who come to the UK. They can often be considered to be shy and retiring or to not pick up on jokes but having experienced this myself it is so difficult getting your head around all of the slang from different regions, that often your mind is working so hard to understand all that is being said that it is difficult to think about what to say on top of that.

Future plans

Seeing the quality of life and level of enjoyment that doctors glean from their jobs in Spain has really given me an urge to work outside of the UK. It was really odd to see doctors not look drained and be so positive about their jobs in Spain which is something you very rarely see in the UK. Of course, to start working as a doctor in Spain you have to take a 5 hour exam called the *MIR*. After which it is an average of 4 years to become an *especialista* as they go straight into specialty training. I think I would like to pursue a career in a Spanish speaking country however I feel I would need a good year in the country before starting work as a doctor to fully improve what is left of my Spanish at the end of 2 years of foundation training. Having to take an exam I think would be obstructive if I wanted to change country and it seems in Latin America the UK medical degree is accepted without extra knowledge tests which is something I am strongly considering.

As I currently feel I would like to pursue a career in psychiatry or general practice, a good level of Spanish would be vital for effective communication and understanding histories of psychotic and depressed patients. This level of communication would not be as important in, say, surgery. I will try to keep up my language skills throughout my foundation years by taking part in language exchanges and keeping in contact with friends I have made here in Madrid.

Practical Issues

If you are at the Gregorio Marañón I would advise leaving a good two days to get enrolled and so make sure to arrive early. We were sent to various different offices on the first day, each with no more of a clue about where we had to be than the other. I recommend first going to the Erasmus office at Complutense (Ciudad Universitaria on the metro) to get the certificate of arrival signed and to complete the matriculation process. Make sure you have a passport sized photo and then go to the Pabellón Docente at the Gregorio Marañón hospital during working hours Monday-Friday. As you enter there is an office on the right, if you knock and go in the man there will give you sheets of paper with the names of doctors and wards for your rotations. You will have received your rotations by email a few weeks prior to arrival. The man in the office will then send you to get your ID cards.

To get around I recommend getting the *Tarjeta de Transporte Público (Abono)*. It costs €20 a month and covers all trains, buses and metros in the Madrid area. It can even take you out for a day trip to Toledo or the local Reservoir (*El Pantano de San Juan*) where you can swim

for free! I will provide a link to the website below. It is a highly walkable city and really rewards an inquisitive mind.

Important Links

Living

www.uniplaces.co.uk
<https://www.idealista.com/en/>
www.easypiso.com

Transport

<https://www.tarjetatransportepublico.es/CRTM-ABONOS/entrada.aspx> (choose the normal TTP)

Favourite Restaurants

Cafe Melo - famous ham and cheese sandwiches and incredible croquetas
Zhou Yulong - hidden chinese restaurant in an underground car park under Plaza de España
Antigua Taquería/Taquería mi ciudad - Great Mexican food
La Buha - Massive, stuffed tortilla española
El patio andaluz - super fried fish and Andalusian atmosphere

Common Drugs

Brand - Generic name - Use

Sintrom - Acenocoumarol - a coumarin that they use instead of warfarin

Adiro - Aspirin - same uses as in UK

Seguril - Furosemide - Diuretic

Dolocatil - Paracetamol - antipyretic analgesic

Zocor/Arudel - Simvastatin - Lipid lowering drug

Losec - Omeprazole - PPI