

## **European Option**

I have returned from completing the European Options placement in Granada, Spain where I worked in Hospital Virgen de las Nieves and Hospital Campus de Salud (also referred to as el PTS.) I have been a European Options student in Spanish since first year having previously studied Spanish to AS-level. I have found the experience in Spain challenging but highly rewarding and feel that it was well worth the time spent in classes in previous years.

As someone who has always had an active interest in languages, one of the main reasons I chose to study medicine in Manchester was that I would have the unique opportunity to formally continue my language education while studying medicine. I had learned German to GCSE standard, Spanish to AS-level standard and French to A-level standard. I have always had difficulty choosing between languages and medicine so I'd actually completed Spanish AS at night school in a college while I took my three sciences and French in Sixth Form. This meant that when it came to choosing which language to study in Manchester quite difficult for me; while my French was stronger, I had a keen interest in the cultures of Spanish-speaking countries. Eventually I decided to apply for Spanish because I knew that's where I'd prefer to spend my fifth year placement. While I am now happy with the decision I made, I do think that students who were in my position in first year would benefit from understanding that the external language certificates achieved in French and German classes are internationally recognised qualifications whereas the certificate achieved in Spanish is not.

I found the classes to be quite challenging for a number of reasons. From the beginning my Spanish was a lower level than the majority of the class with many of the other students having more experience abroad and most having completed A-level. This meant I was often unmotivated to contribute to classes so I ultimately was not taking advantage of being able to practise speaking skills. I was also put off because we were working towards a qualification in medical Spanish and therefore much of the material had to be about medicine, whereas I would have found it more engaging to be learning about the history or culture of Spain. In this way it was very different to my previous experience of learning a language. I would recommend that students try to engage with the classes as much as possible in order to acquire the skills which they can then apply whatever they want. Many of the students who did feel unmotivated in my class ended up dropping out before the end of fourth year because they weren't enjoying the experience or found it too challenging. I considered this a lot, and would try to argue to myself that rather than four months in Spain I could do two months anywhere in the world. I would recommend that students who find themselves in this position do persist with the course because I found that the actual Erasmus placement was such a different experience to that had by peers who did electives, and much more rewarding. There is a big difference in

have a long stay somewhere and feeling like a resident somewhere. It is also possible to do a STEP placement at the beginning of year five in addition to the four months in Spain, which I did, and I would recommend to future students too.

I found the overall experience to be very positive. Living abroad is an excellent opportunity to improve your language skills and understanding of a different culture. It is also a great opportunity for reflection and learning about yourself. For many students it will have been since the time between college and University that they've had to really make an effort to network and lay roots somewhere, and this can help feel more confident about going from a fifth year medical student to a foundation year doctor. The experience of going in to a hospital abroad as a medical student can be quite intimidating at first, and I certainly felt that third-year feeling of awkwardly standing around and feeling out of place. I think that is quite natural because at first you don't have enough experience of the cultures in their hospitals to understand what your role is and how to fit in comfortably within the team. The great thing is that all of the Spanish doctors I came across welcome you warmly, are very open and friendly, and also very patient. This really helped me feel more at ease and gave me time to adjust to my new role. You do tend to spend a lot of time with your tutor too which can make things easier. I think that this will help be in feeling more confident that I can start my new role as a Foundation year in a new environment and feel more comfortable during the adjustment period.

There are so many differences, some apparent and some more subtle, between the medical profession in Spain and the medical profession in the UK. One of the main differences in practice is how the doctors communicate with patients. I'm not sure what shocked me more: that doctors communicate so differently to how we have been taught to communicate or that I'd actually taken something from the barrage of communication skills sessions we have at Manchester. I actually wrote a reflective piece about communication in Spain. I have included a quote from this to describe just one example that I think demonstrates the differences quite well.

*"The consultant was looking at the computer screen when the patient entered and simply checked the patient's name and instructed the patient to sit down. He then said, "tell me." The patient began to give his history, completely uninterrupted for about five minutes while the consultant did not make any eye contact and flicked through the on-screen notes. When the patient stopped speaking the consultant asked a few pertinent closed questions in a very direct manner. The patient answered briefly. The consultant then made eye contact for the first time since checking the patient's name and instructed him to, "pull down (his) trousers." It is important to note that this was in the main consultation room and not the examination area, and frequently had staff walking through the room during consultations. I also realised at this point that I hadn't actually been introduced. What was almost more surprising to me than how the consultant had behaved was how unfazed the patient was, and that he was happy to comply with these instructions."*

I ultimately go on to reflect that after discussion with Spanish medical students, who noted that they are taught to communicate better than this, that it is not as inappropriate in the cultural context as it would be in the United Kingdom. Additionally, after the examination, the consultant had gone on to address all of the patients' ideas, concerns and expectations sensitively and agreed and informed plan of action with the patient.

Another key difference is the approach to patient confidentiality, in the sense that it does not appear to be taken as seriously in Spain as in the UK. There were a number of occasions in which the doctor would discuss things with families without a patient's consent, or even prior to informing the patient about their own care. This is an area which I had the most difficulty adjusting too but ultimately I felt that the doctors in Spain approach some principles using their own discretion more so than in the UK and that so long as I worked within boundaries I would within the UK then I was behaving appropriately to the principles instilled in me. Obviously if I had seen something wildly inappropriate even with cultural context considered taken into account, then I would approach it in the same way as the UK by speaking up.

In terms of day to day practice there are numerous small differences. For example there is a much lower threshold for CT scanning in Spain, and the CT is often confidently interpreted by the equivalent of a registrar before the report from radiology has come back. There are so many of these small differences that I actually found it helpful to keep a diary of my time there and collate these as they can so easily be forgotten.

There are also many differences between the medical education system in Spain and the medical education system in the UK. They have come of their undergraduate years that are more focused on lectures, tutorials and bookwork and some years that have more clinical work. These years are not in phases, like in the UK. When students are in hospital they tend to have more of an observing role than we do in the UK. There is not the same pressure to learn skills, communicate with patients and really is treated more just like an exercise in opportunistic learning. For the placements to be useful to us, it is best to explain to your supervisor at the beginning of the placement what we do as medical students in the UK and what we need to in order to meet the requirements of our placements. The tutors are very keen to assist you in any way possible and with a little explanation of what you want to do; they will often go out of their way to provide you with the appropriate opportunities.

It is also beneficial to have a good understanding of the postgraduate medical education system in Spain. You hardly go a day without someone mentioning the *MIR* and it can be quite difficult to try to equate what stage a doctor would be if they were in the UK system without background knowledge. The best way to understand this is to speak to the Spanish students who are going to do or have done Erasmus in the UK as well as the doctors themselves. Eventually you will learn enough to

really feel sorry for anyone who has to sit the *MIR* and appreciate the UK system and all its flaws just a tiny bit more.

A final difference to note in Spain is the way in which doctors communicate with each other. It is very difficult to understand at which stage of training doctors are due to how informally they communicate. From experience in the UK you can go on to most wards and instantly distinguish where people fit in what is a structured hierarchical system. The system seems to dictate how doctors of different grades should interact with each other and most doctors behave in accordance to these expectations. Consultants are called by their first name by most of the team, everyone is a *tío* or *tía*, and doctors are very tactile amongst each other too. While these ways seem alien to us, and somewhat unprofessional, I actually found it to make for a very comfortable, pleasant working environment.

Much of the learning opportunity, both medically and personally, comes from reflection so I would encourage students to try to keep some sort of diary or journal of brief notes. I found that when I did my elective in Belize it was difficult to write cohesive reflective pieces during the placement (as I had not yet fully developed my opinions), but equally as difficult after the placement had concluded (I had an overall impression but had forgotten key details which evidenced what has led me to that impression.) It was much easier to write reflections about Spain because I had kept regular notes and when you reflect on these you realise just how much you have learned and developed during the placement.

There's no better way to improve linguistically than having exposure in that country. Prior to going to Spain I had always struggled most with listening and speaking Spanish, and knew that they did not demonstrate my knowledge of Spanish. There is a sharp learning curve when you arrive, but having that constant exposure to language is so beneficial in improving fluency. At the beginning there was a lot of vocabulary that is used frequently with which I was unfamiliar, I was constantly translating in my head, I'd begin sentences and then afterwards remember a way to structure the sentence that would have been easier and more authentic. By the end of my time there I found I had improved in terms of vocabulary and structures, but also I had a better understanding of how to work within the boundaries of my own Spanish knowledge so I could respond more fluently when speaking. Taking every advantage to speak Spanish is the best way to do this: try to live with Spanish people, try to ask questions in hospital, don't switch off from conversations you're observing, consider meeting people through language exchanges. A day in hospital is exhausting at first just due to the concentration to language that is required, but it gets easier very quickly.

I have already discussed the inter-cultural understanding from the perspective of working in the hospital but there was also a lot to be learned about the culture more generally. The way in which I did this was by ensuring I networked from the beginning to try to have a broad group of native Spanish people from whom I was

deriving an impression about the culture. There are lots of events for Erasmus students to meet each other so a lot can be learnt about many different countries but there are ways of meeting Spanish people too. You can find accommodation with locals, meet up with the Spanish medical students studying English, network with the students you seen on placement and use language exchange websites.

I enjoyed the experience so much that I have become determined to live abroad at some point in my future for an extended period of time. I don't think I would like to practise medicine in Spain because I think it would be very challenging to sit the MIR and communicate in a second language where I cannot use the same nuances that I know I can in English.

## **Practical Issues**

### ***Accommodation***

Finding accommodation can be daunting. It is possible to find accommodation remotely from the UK but this tends to be more expensive and normally caters for those wanting to live alone. As I wanted to live with native Spanish speakers this wasn't going to be suitable. I left the UK shortly after exempting exams and booked an Airbnb for a week and a half, and then used Erasmus accommodation Facebook groups to look for accommodation. It is best to find permanent accommodation prior to starting placement as it can be time consuming viewing properties. The placements you do may be in either of the hospitals but it must be noted that the PTS doesn't have lots to do near it; I lived in the centre (Calle Acera del Darro) which was a short, affordable bus ride from both hospitals (10-15 mins, 80 cents per journey). Buses to either hospital are frequent.

Beyond Facebook groups there are also websites like Easypiso and Pisocompartido.

Another thing to note is that most Erasmus placements are 5 months and some landlords aren't happy to rent for just four months. Sometimes if you view the property and discuss it with them in person they are happy to bend their own rules for you.

### ***Clothing***

In hospital you need to wear a *bata* (white coat) and are expected to wear your own. I ordered one in the UK which didn't arrive in time but there is a shop in the centre of Granada that sells uniforms and reasonably priced white coats. It actually supplies the hospitals with their uniforms and croc equivalents.

Go to E. Carreño (Emilio Carreño) on Calle Moral de Magdalena.

## **Phone**

It's good to have a Three sim card when you go to Spain as they don't have roaming charges there, even with a pay as you go sim. When I read into it I discovered that this only applied for 2-3 months of consecutive use in another country ie you will be charged a higher rate after this time if you haven't used the sim back in the UK at some point. Therefore it's easier to get a Spanish sim card. I found that the best rates for data were on a small network called Simyo. This sim card isn't widely available but there are plenty of stores available in the centre which sell them. You can top them up using your debit card at any Caixabank cash machine. You top up the phone with credit and then call their number to use it to buy a data *bono*.

Despite using a foreign sim you can still use your English number on whatsapp which makes things a lot easier. Whatsapp is widely used in Spain, and is also the primary method of communication between you and the University of Granada office.

The EU is going to abolish roaming fees soon so things might be a little less complicated very soon.

## **Money**

There are various cards which really help cut down the fees for exchange. It is possible to get a Spanish bank account, which I understand some other students did, but I used a travel card with a low rate of exchange to try to avoid bank fees. The main card I used was *Monzo*, which works as an app on your phone. You can top up the card through the app using apple pay or with a debit card, and you can use it in shops and online at the Mastercard exchange rate which tends to be one of the best exchange rates. You also get free withdrawals which is essential as you use cash so much more in Spain than you do in the UK. There can be a short waiting list to get a Monzo card so try to order it in advance.

*Revolut* offer a very similar service so I had this as a back-up card.

The University can be quite slow to start paying on to the Erasmus card so try to make sure you have some money built up before you go to Spain as it can be stressful if you were planning on relying on the grant and then it is delayed.

I also took my English debit card and left it at home at all times so I would still be able to access money should I lose my travel cards.

## **Transport**

Buses are affordable and frequent in Granada but you can walk the majority of places you want to go. Taxis are also much cheaper than the UK which can be advantageous with the trips to and from the coach station.

## **Food**

There is free tapas almost everywhere but they are very strict about times. Tapas isn't served between 4pm and 8pm in most places. Typically the larger the portion, the poorer the tapa. Bars around Pedro Antonio tend to serve the big portions, and bars around Realejo serve good quality tapas. Strangely drinks are priced similarly everywhere, so if you see somewhere that looks fancy, only expect a 20-40 cent difference in the price of drinks. They serve tapas with soft drinks and you can request vegetarian tapas as an alternative. There are also places like *Babel* where you can choose your tapa.

I liked *Taberna Salina*, *Diamontes*, *Taberna Chica*, *Chantarela* (Chantarela do big portions of good quality food but not necessarily traditionally Spanish)

Menu del dias are available in lots of restaurants and are very good value.

There isn't a great variety of cuisine, pretty much only Spanish food. Paprika does excellent vegetarian food from across the world.

*Tinto de Verano* (wine and lemonade/carbonated water) is something to order if you get sick of *Alhambra* (the local beer).

## **Going Out**

Nights out work differently in Spain.

The plan is:

Drinks and food at a friend's house 10pm -1am (or Tapas around 10)

Bars 1am -3am

Club 3am- 6am

Churros y chocolate (y cama).

Most places only close on Monday nights. You have to pay entry at most clubs but they do give you a token either for two beers or a copa which roughly equates the value of the entrance fee.

Good bars and clubs: la sal (for cheesy reggaeton), el camborio (for cheesy reggaeton and views of the Alhambra at night), la copera (house music, probably not for the faint hearted), booga (funk but depends on the night), taberna chica (a

favourite of local flamenco singers who do impromptu performances after some copas when they're feeling the *duende*.

### ***Tourist attractions***

**Alhambra** – As the weather gets warmer, it's very difficult to get tickets so if you have visitors try to book in advance

**Hammam al-Andalus** – Arab style baths. Expensive but worthwhile experience. Student discount offered, or discount with an Alhambra ticket. The surroundings are very beautiful and relaxing. It is best to go in small groups.

**Natural springs** – 15 min bus journey to Santa Fe and an hour walk to some free, natural thermal springs.