

## **European Option Placement Report – Granada**

### **Why did I choose to study on the European Studies programme?**

The primary reason I chose Manchester as a University was because it offered the European Studies programme. I very much enjoyed languages at school and wanted to keep up my Spanish in order to keep my options open for the future. I do not want to rule out living and/or working or volunteering abroad at some point in my life and so to carry on with Spanish seemed a logical choice. I have always revelled in exploring new places and experiencing new things and being able to speak another language opens doors in this respect. It is the third most spoken language in the world and is spoken in many different countries from Europe to South America.

Not only does the European Studies programme allow you to keep up your language it also allows you to get clinical experience in Spain. This is a really good opportunity to see what it is like to work within another healthcare system and to improve your Spanish. By experiencing first-hand the cultural differences it is a good starting point for anyone considering working abroad. Not only in a Spanish speaking country but other countries as well. As many deaneries offer a year in Australia or New Zealand, for example, it could be good preparation for a year abroad during FY1. These countries don't speak Spanish but culture encompasses so many more things than just language and doing a placement in any foreign country alerts you to that fact.

### **Living in Granada**

Granada is an absolutely beautiful city. It is small compared to Manchester but has so much going on. The cost of living is cheap and because everything is so close you don't need to spend any money on transport aside from day trips etc. The food is second to none and as a vegetarian it is easy to eat well. Granada is famous for tapas (typically free with every cold drink you buy). The novelty never wears off! There is a wide range from western style chips and hamburgers to serrano ham, manchego cheese, humus, meatballs etc etc. That being said you must make sure you specify that you are vegetarian when you order your drink because if not the default will most likely be meat or fish. The main streets and areas for tapas are Calle Pedro Antonio de Alarcón, Calle Navas, around the Plaza de Toros and Calle Elvira.

### **Useful places for vegetarian and/or vegan food:**

Mundo Manila: 3 Plaza de las Descalzas, 18009, Granada, Spain

Hicuri: C/Santa Escolastica Esquina Plaza los Girones, Granada, Spain (worth noting it is decorated by El Nino de Las Pinturas, a famous graffiti artista who has also decorated many of the walls of Granada)

Babel: 40 Calle De Elvira, Granada, Spain

El Piano: 7 Gran capitan, 18002 Granada, Spain

El Raices: 30 Calle Pablo Picasso, 18008 Granada

Paprika: 3 Cuesta de Abarqueros, 18010 Granada, Province of Granada

Granada is full of tourists and students alike and therefore there are a huge range of things to do. The Erasmus Student Network (ESN) organise a huge number of activities every week and

weekend and day trip at the weekends for very reasonable prices. The beach is not far away and the Sierra can be seen from the city. So whether swimming in the sea, hiking in the mountains, skiing, paragliding, or just drinking a beer in the sun with some olives is what you fancy Granada is unlikely to disappoint!

The pace and pattern of life here is very different and takes a little getting used to. In general things get going a little later in the morning and then at about 2-6 the vast majority of shops shut for a long lunch break. It is quite normal in Spain to just work in the mornings. At around 6pm things start to open up again until about 9pm. Restaurants and tapas places tend to re-open a bit later around 7 or 8 and remain open until the early hours. This can take some planning ahead when you have English visitors who want a sit down dinner before the restaurants open! I would suggest going to a tapas place beforehand for a drink and snack to keep hunger at bay!



### **Working in a Spanish hospital**

It is important to be prepared for a different type of clinical placement as you would experience the UK. Spanish medical students are not expected to interact with patients as much as in the UK and they are not really expected to be able to examine either. Unusually in my Neurology placement when I had one day a week in the Multiple Sclerosis clinic I did get the opportunity to examine but this was an anomaly. It is therefore really important that you try to involve yourself in order to keep learning. Furthermore, doctors in Spain do not do any ward based practical skills; all blood taking, medication administering, ECGs etc are carried out by the nurses. I hope that I will not be too deskilled by the time I return to work in the UK. The week of shadowing before starting work should be a perfect opportunity to brush up on these skills.

In general the atmosphere in the hospitals is much more relaxed than in the UK. Ward rounds are less rushed and don't generally start or end at specific times. The clinics tend to work in much the same way as in the UK, often not on time and just take as long as they take!

### **Hospital Universitario de San Cecilio**

I did a placement in Neurology in this hospital. It is quite an old hospital and not the main hospital of the city however the placement was really interesting. This was also the base for my A&E attachment. A&E in Spain works in a much more similar way to a big GP practise. The patients are triaged at the desk and allocated to a specific doctor. Each doctor has a separate consulting room and the patients go to them. There is a separate 'traumatology' department where acute trauma patients are taken and so in general the A&E receives less acute cases than in the UK. Also the Spanish government does not subsidise dentist treatment. All the dentists are private and expensive (60 euros for a consultation) so there are more tooth problems that end up attending A&E.

### **Hospital Virgen de las Nieves**

This is a bigger and newer hospital than San Cecilio with a wider range of patients. The hospitals in Andulucia use the same computer systems so if a patient attends one their notes can be accessed at another. All notes aside from nursing notes are computerised. At Virgen de las Nieves I noticed a large number of doctors for the amount of work that seemed to be available. The 'residents' (equivalent of a foundation level doctors) outnumbered the number of patients in the department on some days! This resulted in cramped ward rounds and a rather inefficient service overall. However, this may be more to do with that specific department than the hospital overall.

### **Hospital de Alta Resolucion de Loja and Guadix**

These are two hospitals in Loja and Guadix which cater for the outskirts of Granada. They have the facilities to have patients for up to a week. If longer is necessary the patients need to be transferred to a bigger hospital in Granada. The populations who used these hospitals were generally of a lower socio-economic group than what you encounter in the city and it is interesting to observe the different health needs of these populations.

### **Differences between the hospitals of Spain and the UK in terms of culture and practise**

There are stark differences between UK and Spanish hospitals which are really interesting to observe. Some of the main things that I observed were:

- Confidentiality

Coming from a background in a health service that sees confidentiality as of the utmost importance it is quite a shock to see how the Spanish system works.

When the doctors are on ward round the family is asked to leave the bay or room but this is the only evidence for respect for confidentiality that I have observed thus far. It is quite obvious in the bays that everyone knows everyone else's business and it not unusual for family members

or other patients to chip in when the doctors are talking about and/to another patient on ward round.

In A&E if someone came in to ask about the state of a patient, information was given freely and without question when I was present.

The most common place to talk to family members about their loved ones condition was in the corridor. This seemed to be the case regardless of the severity of the information to be given and no thought was given to who was in earshot.

- Breaking bad news

In line with the more direct communication style of Spanish people in general I have never seen any evidence for any thought given to the best ways to break bad news. This can be said of when news is broken to both the patient and family. I witnessed an obese lady being told she was killing herself without so much as a warning and many family members being told in the corridor the grave condition of their loved one (leading to tears etc).

As someone from a completely different cultural frame of reference it is very difficult to pass judgement on such differences. There is no doubt that this kind of behaviour is more in line with the Mediterranean style of communication than the British but whether it is ideal is a question I would not like to try and answer.

- Consent

Having been taught to always ask for patients consent no matter how seemingly trivial the subject it was another shock to be somewhere with a completely different approach to such things. I have not had a rotation in an interventional department, for example endoscopy, or had a surgical rotation so I am unaware of how the consent forms work in those circumstances, however, certainly with regards to procedures that would normally necessitate verbal consent I did not see much evidence of its use. For example, the patient was never asked if it was ok to have a student there when I was present. Also when patients were examined there was little evidence of consent being requested. I observed it on a few occasions and even then it wasn't unusual to have four people listening to a chest at the same time!

- Weighting given to investigations and history taking

I do get the sense sometimes that we tend towards over investigating patients, however, in Spain I would say this tendency is even more pronounced. Often patients are subjected to a long list of investigations which I suspect would not be as long were they a patient in the UK. The little emphasis put on taking a complete history and examination also surprised me. For example a man came into A&E with extensive chemical burns. I asked the doctor afterwards what had happened and what chemical it was as I thought I hadn't understood it and she said at this point it wasn't important and the dermatologist would take care of it. In terms of a systematic way of examining a patient I observed this only in Neurology. When examining the other systems of the body it seemed to me that the norm was rather less systematic. That being said, on a normal ward round in the UK the full systematic examination technique is rarely done in my experience.

- Working hours

A normal working day for a junior doctor in Spain (in the departments that I worked) are much shorter than in the UK. The typical day for a 'residente' is 9-3 which evidently is much shorter than most days in a UK based hospital for a junior. However I suspect the on call patterns may be more demanding and it could be that I was in departments that had a lighter work load.

- Visiting hours in hospital

It is not unusual for family members to be present 24/7 with their family member. There are signs around the hospitals with visiting hours however I have never seen these upheld. Family members often help with feeding and washing. I wondered how people could take time off but having asked around it seems relatively normal to give people leave to care for a family member in hospital. This approach reflects the high priority of the family within the Spanish culture. This can also be observed in day-to-day life around the city and noted when you talk to Spaniards.

- Nursing and doctor duties

Nurses do many practical procedures that would be the duties of a doctor in the UK. For example, blood taking, arterial blood taking, cannula siting and even intra-articular steroid injections. In this sense the allocation of duties is very different from in the UK.

### **The medical training programme in Spain**

A medical degree in Spain takes one year more than in the UK and in order to enter specialist training they need to pass the 'MIR' (medico interno residente) which sounds like a very difficult exam. It is written and most people study intensely for a minimum of 6 months for the exam. By the time they have done the 6 years it is expected that they know what speciality they would like to work in eventually. They rate the specialities in terms of preferences. Dependant on your mark in the MIR you are given a hospital and speciality training programme. If you are unhappy with this you can retake the MIR the next year. If you want to retrain in another speciality you can also retake the MIR at any point in your training. The path to consultancy is much shorter than in the UK.

### **What have I gained in terms of linguistic development?**

There is no doubt that my language improved during my time in Spain, however, I would say that I did not reach the level that I had hoped for. It is dangerously easy for time to pass without the use of much Spanish. There are a huge number of Erasmus students in Granada and more often than not English is the common language. Spanish students and doctors are also often keen to practise their English. Time passes extremely quickly and before you know it you'll be back in the UK so I would recommend if learning Spanish is a priority for you to live with Spanish people, find friends who want to practise their Spanish (or even better are Spanish!), read Spanish books, watch a Spanish series and if possible, minimize the amount you talk to friends and family from home (probably the hardest one of all for most).

### **What have I gained in terms of intercultural understanding?**

I have learnt a lot about the differences between our cultures; never before have I felt so English! The rather more exaggerated (if described by an English person!) way of

communicating took me some getting used to. It was easy at the start to misinterpret a casual conversation about something rather banal for an emotive discussion! You soon get used to it though and I found it by no means a problem. I found that the stereotypical laid back attitude towards getting things done did ring true in many cases; this can prove both a negative and



positive thing depending on the situation!

During Semana Santa thousands take to the streets and watch processions of people walking around the city with huge statues of Jesus and Mary, drums and candles. The streets are jam-packed until the early hours of the morning and it is nearly impossible to move a lot of the time. After one procession I found myself in a slow-flowing river of people into a bottle-neck street. I kept stepping on people's toes and apologising. Time and time again this happened and the typical response was a warm smile and 'don't worry about it', 'it's fine'. If I was somewhere else in the same situation, I can't imagine people would be so forgiving. There was no pushing or shoving, just a jovial mass of people stuck in a street at 2am!

Although most people say they are catholic in Granada, most do not practise the religion strictly. Semana Santa, for example, has much more of a cultural significance than religious to many. It is an opportunity to spend time and celebrate with friends and family and age old tradition to that area of Spain. As mentioned before family ties are of the utmost importance in Andalucia. However, I feel this could be at the expense of strangers at times. There is definitely a feeling of caution towards other cultures, including the gypsy population who live here permanently. I was also told a story that people commented that the Indignantes (the Spanish Occupy anti-capitalist movement) weren't so angry at the people who rob (bankers) but more so because they could not rob themselves! I would never belittle the movement but it is an anecdote that reflects both the unimportance of stranger's lives as compared to your own and your families (and therefore the propensity to steal) and sadly corrupt political system.





*A little 'penitente' looking a bit bored during a Semana Santa procession!*

### **How has this experience impacted on my future plans?**

This experience has made me think about my future plans and although the food, the importance of family, the weather, the landscape, the architecture, the music, the vibrancy, the atmosphere and the more relaxed pace of life are all strong pull factors to this part of the world I do not think I would ultimately feel at home. I would by no means rule out living here or in another Spanish speaking country again at some point but being here has made me feel I am unlikely to feel fully at ease living here permanently.

### **Practical issues for future students**

All around the city there are pieces of paper to advertise spare rooms. You can pay anything from 150-350 for a room and much more if you choose to do a home stay (around the 500 mark). It is possible to stay in a hostel whilst you look for a room for the first week (for which you will need a Spanish sim to text and call landlords). Although some of the more organised members of the group had looked online and found places before. I personally wanted to see the city first and figure out where I wanted to live, in terms of distance to the hospital, shops, restaurants etc.

You must be careful that your flat has heating as it gets cold at night. Many of the flats just have plug in radiators but I would advise against that. The apartment blocks either have heating or they don't and the ones that do are centrally controlled so all the radiators in all the flats in the building come on and turn off at the same time. The other thing to be careful of is that many flats do not have ovens so if you like to cook look out for this.

The centre of the city is around the Cathedral and everything is walkable from there (hospitals are 20-25 minutes away) aside from Internal Medicine. This year's placement in Internal Medicine includes two days a week outside Granada but the doctor this year arranged to give us lifts to the hospital. Some people live closer to the hospitals near La Plaza de Toros. This is not as central but it depends what you prefer; a longer walk in the morning and being in the middle of things or a short walk in the morning and being a bit further from the centre.

I decided to get a single currency cash passport (<http://www.cashpassport.com/1/en/uk/>) to handle my money. This is the same company that is used by the Corporate Cash Passport you are given by the university (so be careful not to confuse your pins!). I think it is a good choice as you avoid withdrawal charges that you would be charged by your home bank as well as avoiding having to set up a Spanish bank account. It is easy to use and can be topped up online.

### **Useful contacts**

Oficina de Movilidad  
Address: Avda. De Madrid s/n, 18071  
Email: medori@ugr.es

Oficina de Relaciones Internacionales  
Address: Campus Universitario de La Cartuja, Granada  
Email: intlooffice@ugr.es

The University of Granada  
Website: <http://www.ugr.es/>  
Address: Av. Del Hospicio, s/n CP, 18071, Granada

The Faculty of Medicine  
Website: <http://www.ugr.es/~facmed/>  
Address: Avda. de Madrid nº11 18071 GRANADA

### **Hospital addresses**

Hospital Virgen de las Nieves  
Website: <http://www.hvn.es/>  
Address: Hospital Virgen de las Nieves, 2 Avenida de las Fuerzas Armadas, 18014, Granada

Hospital San Cecilio  
Website: <http://www.juntadeandalucia.es>  
Address: 16 Avenida Doctor Olóriz, 18012, Granada

ALSA Bus Company  
Website: [www.alsa.es](http://www.alsa.es)

Useful website for flat searching:  
<http://erasmusu.com/en/erasmus-granada/student-housing>

[www.idealista.com](http://www.idealista.com)

[www.pisocompartido.com](http://www.pisocompartido.com)

[www.pisos.com](http://www.pisos.com)