

European Studies Report
Charité Universitätsmedizin
2. February – 23. May 2015

Why did I chose to study on the European Studies programme?

In comparison to many other European Option students, I feel a little bit of a cheat. I was brought up bilingually. I'm not sure if my first words were German or English, but as my life has been intertwined with a combination of British and German culture, I identify myself as a child of two nationalities mixed in a pot and sieving out the best of both cultures.

I joined the Manchester Medical School after completing my first three years at St Andrews and hearing about the European Studies course they offered I felt that this would be an excellent opportunity to both develop and refine the language skills I already had, as well as to explore the German culture of a different healthcare system. Due to my trump card of having communicated in German and read the repertoire of traditional German literature previous to starting the course, I already had a good grounding in German language. Nevertheless, as I had never been schooled in Germany nor had I been formally taught the grammar in German lessons (I explain to people I decide the grammar I use by instinct and if it sounds right rather than a list of tables with gender and tenses, which if anything confuse me into not being able to string a sentence together) I had a weakness when it came to the written component of German. Moreover, as I had been brought up with a Frankonian dialect and had only really used the informal German whenever I spoke or wrote, I needed concentration and discipline to master the proper, formal "Hochdeutsch" required both by the course and in dealing with patients during my placements. Therefore, both to improve my German skills and to familiarise myself with the German medical culture I chose to study medical German as part of the European studies programme in Manchester.

An overview of your experience of living and working in the placement hospital and its surrounding area.

I was lucky to be able to do my placements in the four areas I had requested: Dermatology, Neonatology, Paediatrics and Respiratory Medicine/Infectious Diseases.

There are several hospital chains in Berlin. I worked in the Charité (the University hospitals) and in the Vivantes hospitals. The hospitals are dispersed around Berlin, but with the effective transport system which is free with your Semesterticket, it is generally easy to get to all of them within half an hour to an hour. Some of the other European Option students in Berlin told me that in the Charité there are often a lot of students on the wards and it is less helpful to learn. I didn't have this experience, perhaps because neonatology isn't your classical clinical placement choice. There were, however, more students on my respiratory placement, which I felt was quite helpful as it shared the boring workload of bloods and meant that I could take part in the more interesting activities on the ward or also arrange days in the clinics and bronchoscopy sessions.

In comparison to the German medical students who were due to start their Praktisches Jahr (PJ), I felt I had more practical experience. The German system consists of 10 Semesters followed by a year of 3 rotations in which they are working on the ward and attending optional teaching sessions. During their studies they are required to do a few "Famulaturen" in their holidays. I lived with a student who did a semester in Manchester. He also told me about how he liked the base hospital system and that there was much less travelling and disjointed teaching. I feel that the system I have experienced in Manchester is more effective as I felt that I profited more from the theoretical and practical teaching delivered together in the clinical years. Yet, German students have much more freedom to take a semester or a year out to do a semester abroad, or do something different. In my placement I encountered several students and doctors who had taken a year out to have a child during their studies as this was felt was easier than the problems faced by doctors wanting to start a family when they started working.

I also feel that the relationship between doctors and students is much nicer and constructive in Manchester. It is less formal and you feel more welcome to shadow and join in their work in your free time, something I have profited from throughout my time in Manchester. Apart from in the Praktisches Jahr, during the Famulaturen, or in compulsory bedside teaching sessions, students are almost never on the wards or shadowing the doctors. Additionally, the students I have worked with never asked to attend any sessions outside the ward they were on. The Oberärzte I worked with were mostly very nice and friendly, but the Chefärzte seemed to be someone placed on a pedestal, only to be seen on their weekly procession around the patients and almost never to be spoken to (when I as a student spoke to them to ask them anything they seemed a little confused and shaken).

My Placements

Dermatology

Dermatology was my first placement to ease me into the German healthcare system. I was joined by another European Studies student which made the month of staring at rashes more enjoyable. I chose to do this placement as in my studies at St Andrews and Manchester, although I had had sporadic sessions in Dermatology throughout the years and seen numerous rashes in my community placements, I didn't feel I had enough practical experience in the field. As in Germany this specialty is also an inpatient specialty and strangely popular, I felt that a month of Dermatology would serve two good aims: to gain enough practical experience for me to have enough basic skills to recognise and treat rashes in my future patients (as I am interested in paediatrics I have a feeling there will be quite a few); and to saturate me with enough Dermatology that I can say that I've tried and tested it and I can now leave it behind me.

Surprisingly, my dermatology placement was very exciting and contained a diverse range of skills to keep my interest throughout the four weeks. The Assistenzärzte were very friendly and got us involved from the first day. There were two teams: the medical dermatology team and the surgical team. My colleague and I were encouraged to join one team each and switch, but due to staffing problems on the surgical side it all became a little bit patchwork, but still worked astoundingly well. I chose to mainly remain on the ward with the medical dermatologists and then chose five days of surgery dispersed throughout the month. In the mornings we would do the ward rounds together which would conjure up some jobs for later in the day. After lunch, for which the doctors all went to the cafeteria together, I did the admission history and examination of patients and the remaining tasks at hand. I was taught to perform punch and spindle biopsies, debridement of wounds and calculated atopy scores. When I joined the surgical sessions I was equally hands-on, always scrubbed up and helping with the retractors, cutting and suturing. These included both minor surgery under local anaesthetic, as well as operations of large melanomas with sentinel lymph node excision under general anaesthetic. There were also histology sessions twice a week with all the dermatologists and the Chefarzt. The connected microscopes were set up around a table such that the Chefarzt would control focussing of the specimen through the master microscope and everybody else would observe and comment through their own eyepieces. Here we would look at some specimens taken that week and while he would quiz his team about what they saw and the histological manifestations of individual diseases. This was a terrific learning experience and I thoroughly enjoyed these sessions.

There were two formal ward rounds a week. Tuesdays was the "Chefarzt Visite" of all medical and surgical dermatology patients; and Fridays was the "Oberarzt visite", a little less formal ward round followed by a session in which the team analysed a dermatological paper together. For the "Chefarzt Visite" I needed to present at least one patient per week in a format I was taught by the other doctors. I first was required to formally introduce the patient and the Chefarzt, the Professor at the head of the department, followed by a formal presentation of the case. These rounds were as "Old-School" as you could get. I was newly astounded each week by how different our approach to medicine had become, observing how this doctor's archaic interactions with patients and often ignorance of patients' thoughts and feelings. He would discuss the patient's condition in front of the

patient, often not including the patient in any discussions, belittling them, or remarking about how unkempt or obese the patient was. During examination the doctor adopted a similarly paternalistic role with the right to observe and feel patients' skin and manipulate joints despite patients shouting out in pain. This paternalistic "God in White" role also appeared in the relationship between himself and the other doctors. Nobody (not even the consultants) challenged any decisions he made, even if they felt they were inappropriate or overturned their own management plan. To us students the Chefarzt was incredibly polite and encouraging. This, however, was as it advertised his department "internationally". In comparison, the two "Obeärzte" (consultants) were very friendly and appropriate to both patients and their doctors.

I would thoroughly recommend this placement to any European Option student. It is a friendly, relaxed environment in which to learn new skills and see a vast range of pathologies. In addition to dermatology, I also treated a lot of rheumatology and of course, patients at the fate of the Berlin measles epidemic.

Neonatology

My second placement was Neonatology. During my time at medical school I have developed a great interest in this fascinating specialty and therefore I also wanted to spend some more time exploring and gaining experience in the specialty.

This was a great team of doctors to work in. The department is spread across two hospitals: Campus Mitte (CCM) (where my placement was situated) and Campus Virchow (CVK). Campus Mitte had mainly medical patients as paediatric surgery was only performed in the paediatric department at CVK. After a small hurdle on the first day in which the doctor I was asked to meet was on holiday and the rest of the doctors were not aware I was coming, I settled in well. There were two wards I could join the work on. 107i was the intensive care ward where there were patients who required 1:1 or 1:2 nursing or needed to be ventilated. 108i was the high dependency and step down ward in which there were babies that were relatively stable but were not able to be discharged. I spent my time shadowing and participating in the work on both wards. On both wards there were daily informal ward rounds, followed by examinations of the patients and any vaccinations or procedures that needed to be done. In addition to the ward work there were the neonatal resuscitations, conversations and explanations with parents, admission histories taken from the mothers on the labour ward and the baby checks with the Oberärzte. The ward also ran a Bilirubin-clinic in which parents could be sent to by midwives or due to their own worries about neonatal jaundice. Here we would take histories, do an examination and take their bilirubin level either with a transdermal bilirubinometer or by blood gas analysis.

I had already suspected that this placement would not offer me many opportunities to practice skills. I had wanted to learn to take blood from the neonates, but when asked I was told that perhaps it would be better on the larger babies on the 108 ward. Here the nurses guarded the children from anyone but themselves and it was hard enough trying to do the required examinations on children. Examinations and procedures were only allowed at feeding/changing nappies time which, although asked to be alerted for, you would never be notified of and you would need to wait for the next opportunity. Thus if bloods needed to be taken this would often happen in the evening or night

shifts and the opportunity didn't present itself and I thought I could try in my paediatric placement which I was due to commence next. Yet, there were several skills I did learn and practice. I vaccinated the babies, which I learnt to do with the two hands and arms I have rather than the five required to hold the remarkably strong child and administer the IM injection with aspiration to check you're not in a vessel. The doctors did all of the ultrasound examinations themselves and so I learnt a wealth of information on interpreting the shadows that represent the brain, the heart, the kidneys and the hip. The neonatal resuscitations were also exciting and situations I also helped with when I was not drowned out by numerous other doctors and nurses who also wanted to be present. I also enjoyed accompanying the Oberarzt on the baby checks and by the fourth week was left to my own devices doing the examination, sharing the safe baby sleep information and answering any questions. I was, of course, supervised by the Oberarzt who sat and observed and answered any questions I was unable to clarify.

I continued to develop my interest in neonatology as I was immersed in fascinating pathologies. We had an infant with respiratory complications and achondroplasia, a palliative case of a child with liver and renal failure from an unknown genetic cause (same manifestation as the infant's sibling before it), hydrocephalus and rhombencephaly, an infant admitted for observation after born to a mother with measles and lots of sets of triplets and twins. There was plenty to get me interested and trawling through the literature!

I would recommend this placement for anybody who like myself is interested in paediatrics and neonatology. It gives enough for the inquisitive mind to munch on, has an incredibly friendly working environment with communal ward doctors' breakfast later in the morning (coffee was put on, everybody brought their own toppings and someone would make a trip to the bakery close by for freshly baked bread rolls) and eager to show and explain to you any part of their work. Yet, it can suffer from fewer opportunities to develop clinical skills.

Kinder- und Jugendmedizin

After completing a month of work with small infants, I moved onto infants and children who although I was now able to hold a conversation with, had legs and could run. This placement was in the "Mutter-Kind-Zentrum" in Vivantes Neukölln. I divided my time between the ward and the paediatric accident and emergency department.

During this time I had to miss three days to attend a conference in Edinburgh and I had notified the medical school of this requesting a time out form. The medical school approved this but requested that I make up this time on weekend and evening shifts and had to have each extra minute recorded and signed on a form. As I could not do two of three weekends due to Easter and travelling to the conference, this led me to make up my time in the evenings leading me to slowly believe I was living in the hospital.

A day on the ward consisted of a 7.30 handover, a ward round and writing letters, admissions and discharges in the morning. At 14.30 there was then an afternoon meeting with the paediatric surgeons and radiologists discussing any new or difficult cases. What I found most interesting was the scheme where several children came from war zones such as the Gaza Strip for surgery for severe war injuries such as extraction of shrapnel from the chest or leg. I found my time in the A&E

most rewarding. Here I was able to start half an hour later, take histories, examine and form management plans by myself. Each case I managed, I handed over to the doctor who would discuss the case and my findings with me, check the patient themselves and give me feedback. The workload was highly variable with Friday evenings being predictably busy. The paediatric A&E was also an excellent opportunity to get any remaining uPSAs, U-CEXs and U-CMDs signed off!

Pneumologie und Infektiologie

I chose this final placement to experience a part of medicine I had not been able to explore in Manchester. It had been recommended by a former European Option student interested in the field. Although it turned out that the placement was more respiratory medicine than infectious diseases, I still experienced some of what I had aimed to get out of the placement. This placement also taught me how many public holidays happen in the month of May and how much disruption these days can bring to an entire week.

The team was friendly and flexible. My first few weeks were spent with a large group of doctors, PJ students (Praktisches Jahr) and some Block-praktikanten (at the end of the final semester before PJ). The day consisted of getting bloods done before 9am when they were collected (an interesting accomplishment seen as the patients are given their breakfast at exactly this time in the morning), joining the Visite (once a week with the Oberarzt, once with the Chefarzt of Internal Medicine, the remaining days with the team of Assistenzärzte). After the Visite there was a daily x-ray meeting (followed by an MDT meeting on a Tuesday) and PJ-Fortbildung. These often clashed and I had to choose which I would rather. After lunch, which the team often had together after the x-ray meeting, we would have time to finish any jobs accumulated during the ward round and patient admissions.

Perhaps it was that we were coming to the end of four months of hospital work, but I felt that I learnt the least in this placement. It felt a little that as a student our only task was to take bloods and lay cannulas (something the doctors did very rarely) and to do the admission that needed to be done by 4pm (often interacting with a patient who could not speak German or English). When I was proactive and organising a day away from the ward in clinics or bronchoscopy sessions was successful, however, it was interesting. The team of doctors are all very friendly, encouraging and keen to teach. On Mondays there was an antibiotics round where the team discussed with an Oberärztin the patients' antibiotics. She was keen to teach during this time and also presented prepared powerpoint slides on case examples. Also on ward rounds (which you sometimes caught the tail of after the line of bloods you worked your way through) the doctors took their time to teach you and in bronchoscopy I was encouraged to gown up and had everything explained to me while helping with the procedure. I did want to attend more clinics but there did seem to be a pressure of guilt associated with not helping on the ward.

Practical issues that future students on this placement should know about (The importance of the “Stempel”)

After my first few days in Berlin, with all the bureaucracy I had to suffer through, I embarked upon the decision to write a thorough guide to how to survive these steps. As I later found out, this was a task I was supposed to do anyway in the form of this report. I wasn't aware of these reports in advance and therefore missed out on much of this information before coming to Berlin, therefore giving my first recommendation.

Prior to departure

Before leaving for Berlin you will be less preoccupied with planning anything and more preoccupied with trying to pass the pre-exempting exam. There are, however, in retrospect a few elements I wish I had done prior to leaving:

- ***Semestergebühr***

This is a fee of 248.51 Euros which is a fee which covers administration and tuition costs, but also gives you free public transport on the trams, buses, S-Bahn and U-Bahn in Berlin. It will be payable by bank transfer and the details will be given to you by the Charité during semester 1.

- ***Book an appointment for the Bürgeramt online:***

This appointment is to register your accommodation in Berlin, something that the Charité seemingly believes is an essential requirement even though you are only here for 4 months. You will be told by many sources in Berlin that you can hand in your proof of residence in Berlin within a month of arriving in Berlin, but from bitter experience this is not a widely accepted rule. At least this rule is not accepted by the secretaries in the Charité who you will need to see to collect your semester ticket before the placements start. For this reason I would advise that you do this Bürgeramt visit preferably before your placements begins to prevent stress-induced heart attacks from the secretaries in that office. It will also save you an additional unwanted voyage and conversation with them.

As I found out, if you want to arrange an appointment there is often over a month's wait.

(Alternatively you can turn up at the Bürgeramt on any day, pull a ticket number and wait for an unknown period of time ranging from immediate throughput to hours waiting on hard plastic chairs). You can register at any Bürgeramt in Berlin. Ideally this would be the nearest to where you will live, but these are often booked up long beforehand. You can search for one which has an appointment on <https://service.berlin.de/standorte/buergeraemter/>.

The appointment you need is “Anmeldung einer Wohnung” You will need to print out and fill out two forms (found on the Bürgeramt site under “Anmeldung einer Wohnung”) :

- “Anmeldung bei der Meldebehörde” form – this needs to be filled out and given a stamp. This will then need to be photocopied and handed in as proof at the Charité undergraduate office.
- „Antrag auf Gewährung von Begrüßungsgeld (nur für Studierende)” – this form needs to be filled out on the computer, printed, given a stamp and handed in at the Humboldt Universität (on Unter den Linden). After a few weeks you can then receive your 50 Euros Begrüßungsgeld.

- ***Make an appointment with the Occupational Health department and take a copy of your entire vaccination record***

You will require an appointment with the Charité occupational health before starting your placement (you will be informed of this). Germans have a vaccination passport and are outraged to find that British students do not have such a clever little booklet. Luckily I had a photocopy of my vaccination record with me minus a few given to me by occupational health in Manchester. This copy was then also required for my dermatology placement in Vivantes.

- ***Accommodation***

I was warned beforehand that there are two options for arranging accommodation. Either arrange it in semester 1 (as in January you will be preoccupied with exams) or stay in a hostel for a few nights and arrange some viewing in the week before you start. The two sites I was recommended to look for flats on were www.wg-gesucht.de and <https://www.airbnb.de/>.

I was fortunate enough that I knew an Erasmus student who had come to Manchester in semester 1 through the European Option buddy scheme. He had a room from March – May and through another contact I found a room for February. I would advise speaking to your potential flatmate before going to Berlin. I did this through Skype before agreeing to the flat and this put me at ease that I would be able to trust and have a good living arrangement with my first flatmate.

I lived in Prenzlauer Berg and Friedrichshain. Prenzlauer Berg is a district which has recently become fashionable and has young professionals and young families around. It has plenty of wonderful cafés, interesting homeware and bookshops and organic (and some normal) supermarkets. I felt very happy there. Friedrichshain is quite large. I lived between the Samariterstraße U-Bahn and Storkower Straße S-Bahn stops, which was terrific for getting to the hospitals (when there weren't strikes on). It was a little rougher but rent is a little cheaper, but still has several nice bars and cafés.

On arriving

There are two main airports in Berlin. Tegel which is reached via a TXL bus (no S-Bahn or U-Bahn connections) and Schönefeld (which is reached by the S-bahn). There is a very good site and app to download which I used to get me from door-to-door anywhere at any time (www.bvg.de). This was particularly useful when there were strikes on, for which it seemed to be the season.

On arriving I received an email telling me that I needed to attend an appointment with the Charité International Office an hour later. Thankfully I had found some internet to check my exempting exam results just after arriving at my apartment from the airport, otherwise this email would not have reached me in time. Here Nikola Lepolm quite nicely guided you through the adventure of bureaucracy you would need to embark yourself on before starting your placements. This appointment is not the Immatrikulation, as I soon found out.

- ***Immatrikulation***

This is done in the Referat für Studienangelegenheiten on the Campus Charité Mitte. Their office hours are unbelievably sparsely only on a Tuesday 9.30-12.30 and 13.30-16.00, and Thursday and Friday 9.30-12.30. I would check this beforehand as this was condensed even further in the

week I needed to attend. A large warning required for this appointment is that you need photocopies of everything and the secretaries will refuse to photocopy anything for you.

For this appointment you require:

- Filled out matriculation form (which you receive and fill out with the international office).
- Passport and photocopy of your passport.
- Anmeldebestätigung (the form filled out at the Bürgeramt) and a photocopy of this.
- European Health Insurance Card
- A print out proving your bank transfer paying for the Semester Ticket (as I was told, to check this herself the secretary would need to take a few steps and check on her computer).
- ***Begrüßungsgeld***

As mentioned previously, this form can be printed from the Bürgeramt website and needs to be stamped by them before handed in at the financial office at Humboldt University on Unter den Linden. The money can then be collected a few weeks later.

Before leaving

- ***Transcript of Study and Certificate of Attendance***

At the end of every placement, in addition to the Manchester eForms you will still need filling out, you will need a Charité Certificate of Clinical Rotation for ERASMUS-Students filled out. This is a paper form which simply requires your name, date of birth, birth place (incredibly important in Germany), descriptive name of your placement and the all important signature and stamp from the Oberarzt or Chefarzt. You will need to print or photocopy these forms yourself (or in our case I was the lucky student who the secretary remembered to give a copy to and then I had to scan and email it round to everybody else). You will then need to attend an appointment with the International Office in the last week of your placement with photocopies of each form. Here you will receive a Transcript of Study and a Certificate of Attendance, both of which are required by the International Office in Manchester for the Erasmus Grant.

- ***Goodbye visit at the Bürgeramt***

You will also need to visit the Bürgeramt again with a filled out “Abmeldung einer Wohnung” form.

Concluding thoughts

Since starting my 4 month Erasmus placement in my last semester, especially in light of the past few months of struggling Accident and Emergency departments and political parties trying to use their “interpretation” and “improvements” to the NHS as part of their election campaign games, I had brought another aim of this course onto my agenda. I began to use this opportunity of working in the German healthcare system to question and improve my understanding of the British healthcare system, cost implications in every decision we make and task we perform, and the importance of a good doctor-patient relationship. Through the experiences I have had during these few months, I have learnt something that no medical school and academic institution could dream of teaching me and I have actually begun to contemplate about how I would want to provide a service and work within the NHS and what I could learn from this different system to improve this (I can’t believe I actually wrote that sentence, but it’s eerily true).

Nevertheless, my 4 months in Berlin have been a brilliant chance to explore both my interests in medicine and a terrific vibrant city without the feeling of guilt that I should be focussing on the next set of exams. It is a city which still manages to have enough green space to prevent claustrophobia, with people from all walks of life (Friday night transport is great for people-watching) and so much history and culture that I only managed to see a small percentage. All this leaves more than just a possibility that I will frequently be returning to experience more.