

My placement was in Hospital Clínico San Carlos in Madrid and consisted of four month-long rotations: infectious diseases, endocrinology, neurology and haematology. Here is an account of my experiences, I hope you enjoy it and please remember that you will probably come to many different conclusions to me over the four months so this is just intended to be a rough guide!

### **Infectious diseases**

With the burden of finals I hadn't really put a great deal of thought into what to expect from my time in Madrid until I got there and I was happily riding on the crest of a post-finals wave, brimming with confidence from having comfortably passed my final ever undergraduate medical exams. I had spent the first few days settling into my flat and exploring Madrid and everything was going just fine.

I thought I would probably be spending my days clerking patients in Spanish and brushing up on practical skills, as well as finishing off my sign-offs (male and female catheter, nutritional assessment and one U-CEX and U-CMD).

Unfortunately all it took was my first half-day in Spanish hospital before I was firmly knocked straight back down to Earth.

The place is a maze in which I must have got lost at least ten times during my first three days looking for various secretaries and such. Rather annoyingly I had no named person to contact and just a letter that I had stamped in the University Erasmus office to prove I should even have been there. Then on my first morning after two frustrating hours of bumbling around trying to get the admin stuff done I was to finally meet the doctor 'responsible' for me for the first month. How naïve of me to presume I could find anybody in the hospital who was aware I was even meant to be there! So began another wild goose chase until I finally found my man and got told where to be and who to desperately cling onto for the next few weeks. I say desperately cling onto because it really did seem at first like people were intentionally trying to lose me around corners. I was mostly ignored so to make the most of the placement I thought I just had to try to get involved by being more assertive. Sounds easy enough? Well it wasn't. I thought my Spanish was half decent and although I hadn't practiced it much in the last 4-5 months I assumed I could still get properly involved, but how very wrong I was. The doctors usually act like you are not there and talk at a million miles per hour which made it seem nigh on impossible to really do much at all. So when it got to 1:30pm of Day 1 and I realised I had erroneously tagged along with the wrong man for the last hour and I was stuck watching him complete discharge summaries, I excused myself, went home and had a siesta and a really good rant to anyone who would listen. The truth is, I felt like the past 14 or so years of (slowly) learning Spanish had been pretty much pointless and that I would have been better off on elective in England where I could actually do some medicine.

But it isn't all doom and gloom! I sat and had a good think about it all and made a realisation, I may be out of my depth but this is a fantastic opportunity regardless and I should just try to get out of it what I can. I stopped caring that I was a ghost and started to use the time to listen. Lo and behold after a couple of days I got used to the way things were and I really felt like I was gaining a fair bit from my first placement both in terms of medicine (I learned a lot about HIV and hepatitis C) and Spanish.

When I wasn't on the 'internal medicine' ward I was in clinic, which was probably about 3/4 HIV and 1/4 Hep C patients with the odd STI thrown in for good measure. This was a pretty straight forward setup but I still found it pretty difficult to understand about half of the patients due to slang, lack of teeth etc.

One particular patient from my first placement stands out to me, a 39 year old female with Hep C and a diagnosis of HIV since 1991 who had recently decided that complementary medicine (namely 'phytotherapy') was best and that HIV didn't even exist. She was admitted with progressive dyspnoea, abdominal pain and dysphagia with a CD4 count of 24 and half a million copies of the virus per ml of her blood. She was diagnosed with *Pneumocystis jirovecii* pneumonia, disseminated *Mycoplasma avium* intracellulare infection and oral candidiasis and prescribed the appropriate hospital treatment but she maintained that she didn't believe in the virus and was not going to take her anti-retrovirals once she was stable. Clearly the issues here are this patient's capacity but also her autonomy. After seeing the patient I felt compelled to discuss the case with the two fourth year students that were there and it was a great feeling to realise I had understood the Spanish, the medicine and the ethical issues and I could discuss them all comfortably. It is times like this, I thought, that made up for disaster that was the first couple of days and made the placement worth it.

I also came to realise that it heavily depended on the doctor I followed as to how useful the day was; whenever I was put with the friendly Cuban doctor she had me talking to patients and rather refreshingly she

actually spoke to me about what was going on!

### **Endocrinology**

My second placement began very differently, firstly the jefe seemed to know I was coming (although he did think it was just for two weeks) and all of the people in the endocrine team actually introduced themselves to me which was nice, I felt much less like I was just getting in the way of everything. Wednesdays on this placement were refreshingly challenging too, instead of mindlessly following a doctor around on the ward round or sitting in clinic there was a two hour lecture at 8:30 and a 3 hour small group teaching at 12:30, all in Spanish, and for the latter I was expected to research the clinical case and contribute to discussion. It was a bit like PBL except it took full concentration just to follow what is going on and everything from the guidelines and drug names to the units of measurement seem to be different to what we use in the UK. It made me appreciate for the first time how hard it must be for foreign doctors to study and begin practicing in the UK.

As well as being on the wards with the endocrine team I also spent time with the nutrition team and in the endocrine clinics.

Interestingly the dieticians in the hospital were all doctors who had chosen to specialise in 'nutritional medicine'. With this team I went to see patients who had been referred to them from all over the hospital with dietary issues and most of the time it was a case of starting, altering or ceasing enteral or parenteral feeding. With this team I got to complete my nutritional assessment UPSA which turned out to be very simple as the hospital had a printed proforma.

The stand-out patient from my endocrine placement was a gentleman in his late sixties with central obesity, Klinefelter's and T2DM who was admitted with constipation one year ago! Throughout the year he had complication after complication resulting in ICU admission through sepsis and he now is PEG-fed, has end-stage renal failure and polyneuropathy such that he can no longer walk. He is also severely anaemic but cannot receive transfusions as his immune system haemolyses them for a reason unknown to the medics. However what I found more interesting than his clinical condition was his living situation. His obese wife lives in the hospital side room with him on a tiny camp bed and as he is PEG-fed she eats his meals and even has the cheek to complain about them. On one ward round I was particularly impressed at the staff for biting their tongues as she slated the nursing staff (citing her one year of training to become a healthcare assistant which she dropped out of as the source of her knowledge) and complained that she (as in, her husband) didn't get any orange juice with breakfast. I understand that it is not pleasant to live in a side-room but when you consider that they had actually rented out their house while they had been living in the hospital, she really should not complain! Hopefully this ridiculous story will give you some idea of the differences between hospital in Spain and England.

### **Neurology**

My third placement was neurology which I was very much looking forward to as I am half-considering neurology as a career. The first thing I noticed about this team is that there are often far too many doctors. On my second morning there were two especialistas (consultants) and seven residentes (juniors or registrars) and only seven patients on the whole ward round. The residentes would take it in turns to do the history and examination whilst the others either wrote the notes or just observed and threw in the occasional suggestion. We spent about 40 minutes with each patient doing whatever clinical tests sprang to mind at the time, always with the same two outcomes; discharge or do a MRI scan. At one point a woman who was admitted with tiredness and blurred vision who was query myasthenia gravis had the most thorough eye examination of her life to the point where one of the doctors actually auscultated her eyeballs. Apparently, this was performed in order to listen for a bruit, still, I had to try very, very hard suppress my laughter.

This is an exaggerated version of what I have seen throughout my placements in Spain in that there are apparently few resources and people always complain that the hospital has little money yet you often see the odd doctor doing practically nothing of use and patients get sent for every lab test and scan possible without sound justification. On the plus side this makes hospital in Spain a much more tranquil environment.

The neuro patients were very interesting, as was the way the doctors interacted with them. The very first thing I noticed on the ward was that staff are very blunt with patients who may not be of completely sound mind - about a third of the patients were strapped to the bed with belts requiring a special key to unlock and doctors often use shouting and mild manhandling as a way to get through to patients who do not otherwise

respond appropriately. At first this shocked me but as the patients and the rest of the staff failed to bat an eyelid and it also seemed to work I quickly warmed to the method, though I doubt it would be acceptable in the UK.

My favourite patient was a gentleman in his late seventies with an autoimmune encephalitis which had predominantly affected his frontal lobe and language centres resulting in changes to his behaviour which were both often quite funny and very sad at the same time. He was like a petulant child and for the first half of the placement he refused to open his eyes in the presence of doctors. He answered every question with absolute conviction despite thinking it was 1979 and that he had fought in the Spanish civil war.

Later, after beginning immunoglobulins, his condition changed and he was much more coherent, he would open his eyes and could have conversations of sorts but he had strong paranoid thoughts and hallucinations. He believed people had come in through the hospital window to steal his revolver and that they were going to come back. It seemed as if the encephalitis was resolving but giving way to a psychotic illness.

During this placement I also realised how vastly different the breaking bad news technique is in Spain. They seem to have no idea about SPIKES and drop huge, terrible news in busy corridors which initially shocked and upset me. I talked this through with a Spanish friend who is a GP and he said that this is because the Spanish are very direct and they wouldn't want to be told bad news in the way that we do it, he even said he thought it was absurd that we have practical sessions with simulated patients to practice. I am unsure of this, people are people regardless and deserve to be told in a sensitive way and I doubt the cultural differences in Spain can solely account for the technique difference.

### **Haematology**

My final placement started really well, I was greeted relatively nicely by all members of the haematology team and told that I can go on the wards, in the clinics, in the labs and watch biopsies and stem cell transplants etc. I didn't allow myself to get too excited that this placement might be more engaging due to my previous first days being generally good but I did latch on to a friendly R1 (FY1 equivalent) and she was one of the best people yet in terms of including me in things. On day 1 I also got to see an autologous stem-cell transplant which was pretty cool, so things were looking up. One of the jefas was very chatty to me too which made me believe it would be easy to get me final U-CEX and U-CMD done.

By this point I had gained enough confidence in my Spanish language to do full histories and examinations on patients on my own which when I think back to how useless I felt on week one makes me realise just how much I have learned through this experience.

The rest of the placement was a week in clinic and a few days in coagulation clinic, which was intensely boring and irrelevant as they only use Sinthrome in Spain, and a day watching bone marrow biopsies which was interesting.

### **Life in madrid**

Life outside the hospitals in Madrid is nothing short of incredible. Compared to certain Spanish cities such as Barcelona and Sevilla it is rather plain looking. It has nice bits and the architecture is pretty european which is novel at first but it is not what I would call a beautiful city (unless I compare it with Manchester, obviously).

This being said, there is so much to do and see and it is so easy to travel around Spain on weekends and in semana santa that it doesn't really matter what it looks like. Everything is that little bit cheaper than Manchester and Erasmus give us some money to make it a bit easier. The nightlife is great, the food is great and the weather becomes great (after a couple of months). Aside from getting to know the city pretty well, I managed to fit in trips to Valencia, Barcelona, Sevilla, Granada, Malaga, Toledo and several trips to the sierras north of Madrid for some really nice walks and I also had friends visiting on six occasions. So as you can see four months is quite a long time! I saved a lot of money and got to practice my Spanish by using a website ([www.blablacar.es](http://www.blablacar.es)) to find lift shares. It's huge in Spain so there are always journeys to the place you want at the time you want (more or less) and it is significantly cheaper than the train.

Unfortunately, despite them being some of the most friendly and talkative people I have met once you get to know them, I found Spanish people to be quite tough nuts to crack in terms of making friends, but over the four months I did manage to come away with a handful of Spanish friendships. I found that aside from flatmates and friends' flatmates the best way to do this is through intercambios, there is a really good website ([www.tusclasesparticulares.com](http://www.tusclasesparticulares.com)) which is free to use where you can advertise to do language exchanges or paid classes. I did about 4-5h per week, half in English and half in Spanish, over two trips to the

pub and not only did it vastly improve my language but I met a couple of decent mates. Just don't expect to make any friends in hospital because (in my experience) it's impossible.

But if you, like me, find out that you haven't made too many Spanish mates don't worry, it is so easy to meet other people in Madrid. Me and my friends managed to work ourselves firmly into an enormous friendship group of (mainly English, Irish, Canadian and American) English teachers and miscellaneous Erasmus students which formed the basis of many of our nights out and trips out of the city.

### **Where to live**

Madrid is massive so this is by no means an exhaustive list of barrios but most of the central ones are here with a little description. You can save some money by living a little further out but in my opinion, for what it's worth, four months of a slightly higher rent is a small price to pay to live where everything is kicking off.

La Latina - I lived here in a really nice flat a one minute walk from Plaza Mayor (€440/month with bills was a bargain) and it is pretty cool, it's much more Spanish than Lavapies or Malasaña and is choc full of tapas restaurants and bars with terrazas which creep further out on to the streets the sunnier it gets. Every Sunday until 3pm there is an enormous flea market in La Latina called the Rastro which is definitely worth several visits.

Lavapies & Embajadores - Just south of Tirso de Molina you have Lavapies and Embajadores which is probably my favourite area, it is incredibly multi-cultural with a huge asian and african influence. With an increasing giri (slang, apparently inoffensive word for non-Spanish Europeans or North Americans) population it is gradually becoming quite 'trendy' but it is still pretty rough around the edges (unlike Malasaña where beards are compulsory). There are loads of curry houses and a decent square with a few cool bars around it but it isn't everyone's cup of tea - it apparently used to be a really dangerous area (and some still think it is) so bear that in mind, having said that I have had no trouble whatsoever anywhere in Madrid.

Huertas/Barrio de las letras - Another trendy area spreading from Anton Martín to the Prado area. Some of my friends lived there and it's got loads of really cool bars and restaurants, especially around Calle Leon.

Malasaña - This is the 'Northern Quarter' area where you can find beards, round specs, second hand clothes and rubbish little dogs. It's full of places selling 'Gintonics' for about €8-10 a pop and vintage clothes shops. It is definitely the place to be for nightlife but I don't think I would want to live there because through the day it is a bit urine-y only about half of the population are actually Spanish. (I know, I know, I'm also a giri but you'll see what I mean when you get here).

Chueca - I suppose you could compare Chueca to the Canal street area or Manchester, it is also fairly similar to Malasaña but with much more of a gay vibe.

Moncloa & Argüelles - These are the student hotspots. They are near to the ciudad universitaria and Hospital Clínico San Carlos and Fundación Jiménez Díaz. Here there's loads of student bars, cafes etc. and by all accounts the accommodation is really cheap.

### **10 things I have learned**

- Madrid is an awesome city and there is never a dull moment throughout the four months!
- Hospital is probably best used to practice Spanish, especially listening, expecting to get much more out of it might only leave you disappointed. That being said, if you ask the doctors and patients they will usually let you take histories and do examinations and you will inevitably see some cool stuff and clinical signs. If like me and some of my friends you feel utterly useless in week one, don't worry it gets much better!
- The weather in Madrid is very inconsistent until late April! You will need lots of jumpers and jeans rather than the two of each that I stupidly brought.
- Spanish timing is completely different to ours. Shops might open at about 10am, they eat each of their meals about 3 hours after ours (cena is at about 10pm!!) and they go out on night out about midnight and get back about 7am. No wonder people need a siesta.
- Napping during the day, garlic mayo (ali-oli) and lunchtime beers are all culturally acceptable in Spain rather than things to be ashamed of/feel guilty about, we should therefore enjoy them.
- Language exchanges are free and incredibly useful both to meet Spanish people and to practice Spanish.
- BlaBlaCar is the best and cheapest way to travel Spain and will hopefully become more popular in the UK.
- Real Madrid fans are annoying.

- Everyone in Madrid has a cool dog, which makes a walk through Parque del buen Retiro on a sunny day pretty awesome (and dogs say guau guau rather than woof woof).
- Double denim seems to be okay here, as does matching outfits for small children and their siblings.