

European Option Placement Report

WHY EUROPEAN OPTION?

I remember three years ago - at the start of third year in Manchester, when I was on my way to the interview with the lead for Spanish European Studies - it was then when I was making a mental list of reasons why I wanted to take up this course. One of the biggest arguments at the time for me was that in the future I wanted to work with the Doctors Without Borders and I believed that knowing a different language would be useful in achieving that goal. All the while this might still be true I have slightly changed my view on things since then- indeed I still plan on going out on humanitarian missions and my knowledge of Spanish would most likely help me in achieving that goal, however now I can see how much more complicated it all seems. Currently I believe that if I am being honest, the biggest reason why I took up European Option Studies was curiosity - I wanted to know how medicine worked in a different country. Being from Poland upon my arrival in the UK I barely knew anything about the NHS. The six years of medicine have taught me a lot about it and now I feel I have a fair idea of what medicine is like in the UK. However that hasn't satisfied my curiosity therefore I started looking further for other examples - and there I've found the option of going to Spain for 4 months, which seemed very tempting. For ultimately at the moment medicine is a discipline that is very culturally-dependent and thus varies greatly from country to country. However I am of the opinion that it shouldn't necessarily be so and that in the future we should strive to create more international organisations, which would be in charge of providing equal standards of medical care across the world, irrespective of the country's economical status or it's most prevalent religion. I do realise this notion might seem a little over-ambitious for a medical student or maybe even naive and idealistic, however getting to know different medical systems would be a first step towards achieving it. And definitely becoming better acquainted with the Spanish Healthcare System has made me reevaluate my ideas on that matter, which I suppose ultimately was my goal, as opposed to just merely acquiring the ability to speak a different language, which for me was always just means to achieving it.

THE EXPERIENCE

From my experience there are two different countries in Europe called Spain - one is this amazingly sunny place, where you go on holiday, where you lie on a beach drinking mojitos , partying every night and not worrying about what tomorrow would bring. And the other place is the deceptively similar country but this time filled with bureaucracy, little absurdities and persisting taboo of the Franco era. Not to mention the harsh reality of aftereffects of the recession just gone. For me that's Spain in all its complexities. Without doubt having lived there for 4 months in a flat with all Spaniards I have managed to form a relatively well-rounded opinion of what the everyday life looks like. And to tell the truth - the full picture is a resultant of the two Spains.

* LIVING

ACCOMMODATION

In terms of accommodation I believe I have learnt the toughest lesson out of all of my friends from Manchester, who also came to Madrid. Our initial plan was to rent an airBnB for the first two weeks of our stay in Spain, so that we could find something more permanent once we're already there. It was a good plan in a sense that it took away the pressure of finding accommodation in Spain while studying for our finals, however at the time we hadn't taken into account the fact that with all the new Erasmus students starting around the 20th of January there would not be a lot of flats available to rent for a period of 4 months (most of the lease contracts in Spain require at least a 6 months tenancy). Thus the first two weeks of staying in a flat all together were quite tense as all of us were frantically looking through the same classifieds for rooms to let. In the end I had found what seemed to be a perfect flat for me and after having been in touch with a person online I have paid the deposit. What I hadn't known at the time was that this flat didn't exist and that in essence I have been scammed for 600 euros. Unfortunately I only discovered that half an hour before I was meant to move into the new place. And so effectively I was homeless. Since then followed a series of different flats, at which I haven't stayed for long because of various reasons (it is customary for

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Spanish people to try and make as much money out of Erasmus students as possible thus you might be asked to pay around 450 euros for a single room, which doesn't even have a window!). Luckily in the end I have managed to find a reasonably priced room close to Tirso de Molina square in La Latina and since then have been living with young professionals, all of whom were Spanish. To highlight again what an issue accommodation in Madrid might be - out of the blue a certain company has just bought the entire building in which we currently live and have decided to carry out a general renovation and thus all of the tenants received a month's notice before their eviction. And a month's notice is considered a courtesy in Spain as it's not enforced by law(!).

To sum up: during my time in Madrid I have lived in a hostel (which I would heartily recommend as one of the most modern hostels I have ever stayed at!), in an airBnB, in a single room with a questionable window and ultimately in a flat from which everyone is being evicted at the end of my stay.

TRANSPORT

The centre of Madrid is very well communicated by the Metro network and so for a zone A ticket one only needs to pay around 56 euros a month (if you're over 23 forget about any discount as for communication costs there are no discounts for the students). The 12 lines of metro operate daily from 6:15 to around 2:00AM. It is customary then to go out until 6AM, so that one could catch the metro home from the club.

Getting to the hospital though for me required taking a bus for about 45 minutes from the northern bus station of Moncloa to a suburb town called Majadahonda. And as it's located some 20 km north-west of the city, the price of the monthly transport ticket rises to 72 euros. However it's worth buying as a round-trip journey to the hospital alone comes up to 5.20/day.

Apart from the metro with the transport card one is entitled to make use of the buses network (EMT) or the light rail connections (Cercanias), provided that the station you travel to is within the zone prepaid on your card.

A useful tip would be to go to one of the points, which issue the transport cards as early as possible so you don't waste money on single tickets. However some of the points operate on an appointment-only basis - the "citas" could be booked online for a particular 5-minute slot.

WHAT TO DO

Perhaps Madrid doesn't have a music scene as exciting as Manchester does, it definitely makes up for it in terms of various cultural events and artistic exhibitions. It is a vibrant capital with events going on every weekend - from the manifestations against closures of youth cultural centres through exciting football matches to refined exhibitions of renaissance paintings in Europe's second biggest and most important museum - el Prado. Madrid is definitely a place to experience all kinds of art with a special emphasis on modern art, of which it seems to be full, but without forgetting about its other forms like graffiti, installations, happenings or theatre pieces.

However we shouldn't be forgetting about the most important of Madrid's attractions - which are the bars - a plentiful variety stuffed into each street and in some districts (like La Latina, Malasana or Chueca) more than in others. Come every evening they're overflowing with people talking, laughing, signing or eating tapas. This is how this city lives - with a little glass of beer (a cana) sat on a terrace after a day's work and relaxing with friends.

If somehow one manages to get bored of the city, there are a couple of places worth visiting within a days' travel distance - Toledo, Segovia, Salamanca or Avila. Or there's always an option of taking the Cercanias train C8 to Cercedilla and enjoying a nice weekend hike in the Sierra de Guadarrama.

*** STUDYING**

In terms of studying in Spain you must be prepared to be self-reliant as well as very organised in terms of all the paperwork as the levels of bureaucracy at times surpass my most vivid imaginations. At the beginning of the placement I had to visit three different offices scattered across the entire North of Madrid (firstly one needs to matriculate at the International Office of the

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Universidad Autonoma de Madrid located in Cantoblanco Campus outside of the city following on which one needs to register at the Faculty of Medicine at la Paz Hospital until finally all that's left is to visit the education office at the base hospital (which in my case was again outside of the city)). It was quite difficult to do within the time limits communicated in the previous emails, especially so that the last day before the deadline turned out to be a university holiday and all the offices were closed. Needless to say that wasn't mentioned in the emails. For some reason however the next working day after the holiday and coincidentally on my first day of placements, the secretary's office at Puerta de Hierro was still closed and nobody knew why that was. There was nobody around who could tell me what I was supposed to do. In the end (and since I've already made the hour's long trip to Majadahonda) I have decided to wander down to A&E as I knew that was my initial placement. That alone turned out to be a task and a half since Puerta de Hierro is a recently built hospital of the size of a small airport. Some half an hour later I managed to arrive at the patients' entrance to "Urgencias" and with relief I quickly passed through the automatic door.

1ST PLACEMENT - URGENCIAS

The A&E department at HUPH turned out to be a maize on its own - with a series of glass corridors and never-ending sequence of rooms and cubicles. Moreover everyone was talking of different "levels" - at the time I had no idea what they meant by that. Only after I had met with the director of the department I realised that they meant different levels of care required by the patients. Because in Spain the A&E works somewhat differently to the UK. To begin with it's called "Urgencias", which would imply that the care is delivered in an "urgent" setting, which is slightly different to an "emergency". And indeed, in the 4 weeks of my rotation the most acutely ill patients who have arrived to the department were a lady with a developing stroke, a lady in a hyperosmolar coma and a man in supraventricular tachycardia, who required treatment with adenosine. Apart from that majority of presentations were patients with pneumonia with CURB65 higher than 1 and patients in newly discovered AF. And they were all attended to in "level 1", which was said to be for the most critically ill. What is more, it wasn't uncommon for patients to stay in A&E for a few days before being moved onto different wards. This set up reminded me more of a British Acute Medical Unit than of A&E. Nevertheless I have learnt many valuable lessons during this rotation. The morning handover always begun at 8AM, however as students, me and other 6th years, we weren't expected to attend it every day. What we were expected to do however was to either shadow one of the first year residents and see patients with them or to see patients on our own and report to one of the consultants to discuss the case. Additionally I have stayed for a few on-call shifts to get the flavour of the out-of-hours, but that was not compulsory. Ultimately I was slightly disappointed I didn't get to see any of the critically ill cases or patients requiring resuscitation, however given the vast range of conditions I saw, I believe it was a very useful rotation with respect to revising and consolidating my medical knowledge.

2ND PLACEMENT - CARDIAC SURGERY

My second placement in HUPH was a rotation in the service of cardiac surgery. The department there albeit a small one (consisting of 5 consultants and 3 residents in total) was widely renowned in the whole of Spain as the hospital where most cardiac transplants take place. Indeed, in the last year the service carried out 18 cardiac transplants and 4 heart and lung transplants. Even though these numbers might not seem very high, one must bear in mind the extent of the procedure in question. Not uncommonly these operations would begin late at night and last all the way until midday the next day. Not to mention the strain on the patient's body - the recovery time spent in ICU and sometimes additionally connected to the ECMO machine, is counted in weeks in those instances. Unfortunately during my time with the service none of the transplants came to pass and I had to content myself with observing an insertion of the EXCOR device (cardiac assisting device) as a means of "buying" more time for the patient before a suitable heart would be available.

From what I've noticed during my rotation, in the recent couple of years cardiac surgery as a speciality had to undergo significant adjustments in response to the development of new interventions such as PCIs etc. These days CABG operations are no longer as common and thus the bulk of the workload has been shifting towards valve replacements, aortic aneurisms

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operations and such however these do not require as much workforce as before and thus the newly qualified cardiac surgeons often find themselves without prospects for a job post after finishing their residency in Spain. It is a great shame because from what I've seen this type of surgery is so intense it's mesmerising - once the operation has finished the patient needs to be taken off bypass and it's then when the critical moment arrives - seeing if the heart would pick up its previous function while holding the defibrillator paddles. There's no strictly set timelines for ischaemia as one of the consultants has told me - "it's more of an art and obviously the shorter, the better", therefore each time the patient was coming back in ventricular fibrillation and was subsequently shocked, my heart rate rose a little.

Similarly to all of my rotations in Madrid - with that one my experience was highly dependent on my own motivation. Thus I was waking up every morning at 6 AM or just shortly before in order to arrive in Majadahonda for 8AM, when the department would hold their morning ward round and following on that revision of all the patients in ICU (who have occupied almost 2/3 of the entire unit!). Theatre session would begin around 8:30-8:45 and I had the choice of joining the team in either of the two theatres belonging to the service. The programmed operations were usually valve replacements however once a week there was a CABG or an aortic aneurism resection. Even though I wasn't allowed to scrub in for any of the operations as there were too many residents scrubbed in already, I have learnt a lot and moreover have enjoyed the placement.

3RD PLACEMENT - PLASTIC SURGERY

Similarly to the cardiac surgery team - the plastic surgery department was quite small too. This time around there was only one resident, and thus from time to time I was allowed to scrub in for the procedures. There were theatre sessions running 4 days a week, each starting at 8:30 AM. Most of the operations I have seen were those of mastectomy, sentinel node biopsy with or without axillary node clearance and following it breast reconstructions with either latissimus dorsi or deep inferior epigastric perforator flaps (DIEPS). Nevertheless I also had the chance of observing a number of head and neck procedures (mostly for oncological indications) with extensive neck dissections. Even though it wasn't required of me I ended up staying late quite a few times just so I could see an operation through. Because I just fell in love with plastic surgery - the dissections they were performing were cosmetically very neat and aesthetic. Each time the dissection line had to follow a specific fascial plane and as one of my old professors used to call it - "the surgeons then found themselves in the world of cotton wool", by which he meant the surrounding loose connective tissue. I liked the extra care these surgeons were putting into each and every one of their stitches and making sure that the end-effect would be more than satisfactory to the eye. What is more I was allowed to suture a patient's face, which has shown me the degree of confidence they've had in my surgical skills. In the end I've felt I have learnt a lot about different types of flaps and the way they're designed as well as a variety of suturing techniques, not to mention the solid revision in head and neck anatomy. I was indeed very sad to leave plastic surgery.

4TH PLACEMENT - TRAUMATOLOGIA (TRAUMA AND ORTHOPAEDIC SURGERY)

My fourth and last placement was in trauma and orthopaedic surgery. I must say I was looking forward to this placement the most, as one of my future job post is within that particular speciality. In comparison to the previous departments, this one was huge. On a normal daily basis I could either join one of the four theatres, help out in the A&E consults or go to clinics with one of the consultants. The day started quite early - as with any surgical speciality - and sometimes would go overtime mostly due to theatre delays. After the clinical session in the morning I would usually join theatres to either observe one of the orthopaedic procedures (hip, shoulder or knee replacements) or one of the fracture surgeries. Even though initially I have been told that the trauma department is quite different from the British one, I myself struggled to notice it - both operate on joints and fractures maybe with a minor difference that in Spain shoulder replacements seem to be much more common than in the UK. However it is possible that Majadahonda, being one of the most affluent suburbs of Madrid, doesn't really have a high demand for a tertiary trauma centre. Nevertheless there have also been cases of patients with multiple injuries being transported by helicopter from different hospitals, albeit not very common. All in all however I have enjoyed the

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rotation and I believe it would greatly add to my experience before commencing my trauma post in Birmingham.

DIFFERENCE FROM THE UK

As I've mentioned before - the biggest allure to going to Spain for those four months was to observe how medicine works in a different country. I believe that this time has provided me with enough experience to be able to draw conclusions from.

*** CLINICAL PRACTICE**

First of all, one needs to understand that in Spain the paternalistic model of providing medical care is still in wide use. It is not because they're not as well-developed as the UK are, but simply this stems from the cultural differences. Thus I wouldn't be the first one to throw a stone and jump to conclusions once I've seen a practice that I wouldn't necessarily agree with. Nevertheless I was really contentious when it came to issues around informed consent for procedures or even simple examinations. I fully understand the concept of implied consent, however at times I believe that the Spanish are taking too many liberties with it. For most of the time it is assumed that the patient would consent to a certain treatment or a course of action, whereas I was always instructed that for any of those one should obtain an explicit consent. Perhaps this Spanish carelessness partially comes from the fact that medical litigation is not as big an issue here as it is in the UK or the United States, however I find it morally dubious. Nevertheless, a number of times even the patients would laugh at me, when I was diligently asking them for their consent. They said they found it strange, because they just naturally assumed as a medical student I should be allowed to examine them or to observe their surgery. All that's just left me wondering - for if the patients customarily consent implicitly to provision of medical care should we be asking them for an explicit one at every step? And if not - where would the boundary be?

Another issue that I wanted to comment on with respect to clinical practice in Spain was to dispel any myths surrounding the lack of evidence based practice in the hospitals. For all of the services I have been attached to have closely stuck to providing care as evidenced by the latest research. It was especially true for the service of cardiac surgery, where the surgeons have followed all the newest research in the field and made use of it in their every day practice. It was quite exciting to observe them change their ongoing practice only because of a study or a review that's been recently published in one of the journals. What is more, I don't believe that I have seen equal importance attributed to the evidence based medicine anywhere in England, however that might have only been because I have not been attached to a speciality of this sort.

*** HOSPITAL ORGANISATION**

As I have commented earlier on, I believe the biggest difference in terms of the hospital organisation in Spain is the somewhat altered meaning of the A&E department (see under 1st placement - A&E).

Additionally, as I'm sure many other students have commented before - a lion's share of the clinical skills - such as cannulation, blood taking, catheterisation etc. are the nurses' responsibilities rather than doctors' and because of that the scope of the responsibilities of the first year residents is much smaller than the one in the UK. Which neatly brings me to my next point - the difference in medical training between the UK and Spain.

*** MEDICAL TRAINING**

I was amazed to discover that in Spain it takes only 5 years to become a consultant within a field - be it a GP or a cardiac surgeon. As soon as one finishes their 5 year speciality rotation that's it - they are free to look for an "adjunto's" post - which is the equivalent of the British consultant. As much as I like the sound of only 5-year speciality training, that system is not without fault as many residents find that at the end of their residency they're struggling to find a post available. Moreover the adjuntos do not actually end up earning more than the residents as apparently the majority of the monthly pension comes from the on-call shifts and as an adjunto one is doing significantly

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fewer hours of those. Additionally I am left wondering - is 5 years enough to learn all there is to know about a particular field? Especially one highly demanding such as cardiac surgery or neurosurgery? I suppose in the end this system has been proved to be working...

CULTURAL

I believe that being Polish rather than British gives me a different perspective over any cultural differences I might have observed. For about 6 years ago it was the British culture that was completely foreign to me. And if I were to be perfectly honest, I believe that in many respects Spanish culture is in fact much closer to Polish thus most of the time I wouldn't really be faced with anything that could have surprised me or that would seem unusual. Nevertheless I have observed one thing - Spanish life is very much reliant on whom one knows and is friends with. Be it in professional life or personal one, Spanish people do a lot of favours for their friends and colleagues. During one of my rotations I was struggling to fit in with the team and in fact most of the time I was left to my own devices and without much tutorage and so one day I asked one of my flatmates for advice on what to do to remedy the situation. My flatmate's best advice was to bring over some sort of cake or sweets to the team's meeting or invite the doctors for coffee. Apparently it is customary in Spain to "invite" people for a drink/food in order to make a good first impression. Apart from that once you've established a relation with a person albeit be it through the small bribe of food or drink, it is not uncommon for your new friends to call you at any time of day asking for a favour. And they're not always very bashful or subtle about it either.

THE IMPACT OF THE PLACEMENT

* LINGUISTIC DEVELOPMENT

Having lived with young professionals in Madrid and studied in Majadahonda with only one other student from Manchester, I have been constantly surrounded by the Spanish culture. As much as I could I would always be speaking Spanish and trying to engage in the most traditional activities - I very much wanted to gain a genuine flavour for what it was to live in Spain. Looking back, I believe I have achieved my goal however it wasn't done all that easily. Even though upon our arrival we've passed a diploma at a C1 level in Spanish, it was nowhere near translatable into our actual ability to integrate into the everyday life. We've had no knowledge of the colloquial Spanish and therefore were at a loss in a regular conversation with a Spaniard. It was certainly an ongoing process to learn what words like "pista", "rollo" or "leche" actually meant. And there was also the tiny little detail - the Spanish swear a lot. In all contexts. One would hardly expect to learn these at a university language course.

FUTURE PLANS

One of the plastic surgeons during my rotation was very encouraging that I should look up the possibility of passing the MIR next year. And in fact since then I have been thinking about it. Apparently all the candidates from the European Union are treated on a par with those from Spain. The only thing that is a discriminating factor in choosing a speciality is the number of points one gets from the exam. For the moment though since I have managed to secure the job I really wanted in the UK I believe I shall just see how that goes before making any decisions about my future. Nevertheless I did get a preparatory book for passing the MIR...

PRACTICAL INFO

* POINTS TO TAKE AWAY

- It is not as easy to find accommodation in Madrid as you might think - take extra care while arranging it and make sure you never agree on anything only online.
- Get a metro card as soon as you can - you actually end up saving a lot of money this way.

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- Be prepared to go through a lot of bureaucratic work at the start and end of the Erasmus.
- Choosing Majadahonda as your base hospital has an unquestionable downside of being 20km out of Madrid, however it is a gigantic brand new hospital highly renowned for pioneering the pulmonary transplant operation and is also one of the foremost in Spain with respect to cardiac transplants.

*** USEFUL NUMBERS**

- make sure you have the number for ORI at Facultad de Medicina at hand - at Majadahonda the secretary's office is often closed without any apparent reason and you might find yourself completely clueless as to what to do in which case your best bet is to contact them