

**European Studies Report: Hospital Universitario Fundación Jiménez
Díaz, Universidad Autónoma de Madrid**

02/02/15 - 22/05/15



Why I chose European Studies

Spanish

I was rather fortunate in coming to Manchester Medical School in that I had no prior knowledge of the European Study (ES) programme on offer. It was in 1st year that I first received an email regarding the programme. My father is Peruvian and for the first half of my childhood I lived in various South American nations (Ecuador, Colombia and Argentina). I learned Castilian whilst growing up and then carried it on whilst at school in the UK, eventually completing an A-level in the subject.

Starting medicine I was concerned about the ease of carrying on with other interests of mine and fortunately the ES programme gave me an avenue to continue practicing my Castilian. Furthermore, the main lure for me was the prospect of carrying out a medical placement abroad and in a foreign language. It is only now that I realise how unique the ES programme is in that, to my knowledge, no other medical school in the UK offers such a programme.

During the course, especially in clinical years, it was at times challenging to balance medical school commitments with those of the ES programme. However, having returned from the 4 months in Madrid has made it all worthwhile. ES offers the unique opportunity of actually living, communicating and working/studying in another country, an experience that is not fully possible on an elective due to their brevity.

Madrid

In fourth year we were asked to submit our preferences of which Spanish universities we would like to undertake our placements in. There are four universities on offer: Universidad Autónoma de Madrid (UAM), Universidad Complutense de Madrid, Universidad Rey Juan Carlos (Madrid), and finally Universidad de Granada. As their names indicate, three of these universities are in Madrid and one is in Granada. My understanding is that 'Autónoma' and 'Complutense' have the greatest capacity for Manchester medical students and so take on the most. An important thing to note with the Madrid universities is that just like in the UK they all have base hospitals which are varying distances from Madrid. So for example UAM has one hospital just outside of Madrid which in fact can take longer to commute to than the 'Rey Juan Carlos' hospitals.

I was allocated to UAM. UAM is public university that was established in the 60s along with other 'Autónomas' in other Spanish cities during educational reforms in Spain. UAM is in fact outside the city of Madrid and is located in a rural area called Cantoblanco which is in the municipality of Madrid. Importantly, its location is of little importance to a medical student as apart from filling in forms on the first and last days of the 4 month block, one has no need to go there. Furthermore, the Faculty of Medicine for UAM is located in the north of Madrid, however, this is somewhere that one also only visits for the completion of forms at the start and end of the 4 month block. Just like clinical years in the Manchester, senior medical students in UAM only ever go to their allocated hospital and never to Cantoblanco. UAM is currently the top university in Spain outside of Barcelona. UAM has 4 base hospitals: Hospital Universitario La Paz, Hospital Universitario Puerta de Hierro Majadahonda, Hospital Universitario de La Princesa and Hospital Universitario Fundación Jiménez Díaz. 'La Paz' is

located in the north of the city in the district of Fuencarral/El Pardo. This area is one of the main business areas of the city, being home to the 4 main skyscrapers of Madrid. 'Puerta de Hierro' is located in Majadahonda, a municipality which is outside of Madrid but still part of the community of Madrid. Its location means that it cannot be reached by Metro. Instead one has to use regional buses or the 'Cercania' train network. However, this hospital was built very recently and so is very large and modern. 'La Princesa' is situated in the east of Madrid in the area known as Lista. Finally, Hospital Fundación Jiménez Díaz (FJD) is located in the west of the city in an area known as Moncloa.

Hospital Fundación Jiménez Díaz (FJD)

Once I was allocated to UAM, the Spanish university contacted us asking to rank their 4 base hospitals in order of preference. In addition, we were asked to list four specialities we wanted to rotate in, each rotation lasting 4 weeks. It is important to note that not all the hospitals have departments in all of the specialities. Therefore, when deciding which hospitals one prefers it is important to bear in mind whether this will enable you to undertake the specialities you desire. I ranked FJD first seeing as it was the only hospital that did all the specialities I was interested in as well as its central location. As already mentioned FJD is located in area of Madrid known as Moncloa. Moncloa is a suburb of the city located next to a large wild park called Casa de Campo. The area itself consists of residential apartments and offices. It is also the home of the Spanish Royal Air Force as well as the museum of America. Somewhat surprisingly, Moncloa is also the location of Universidad Complutense de Madrid, however, despite the proximity of the hospital to the university there is no association between the two.

The hospital can easily be reached by bus, metro or even bicycle. I have no knowledge of buses in Madrid and so will not write about them any further. The closest Metro station to FJD is called 'Islas Filipinas' (3 minute walk). This stop is on line 7 (orange) of the metro system, however, this line traverses from east Madrid to northwest Madrid and so is not convenient unless you live in these regions. 'Moncloa' metro station is also very close to FJD (5 minute walk) and is better connected to the rest of the metro system than 'Islas Filipinas'. Metro lines 3 and 6 bisect at 'Moncloa' metro station. Line 3 (yellow) runs from south Madrid up through the centre of the city and then terminates in 'Moncloa'. Considering, that I and most other MMS students in Madrid lived in the centre this line was used by all four of us who were allocated FJD. However, due to where I lived I would first use line 1 (light blue) of the metro and then change on to line 3 at 'Sol' station. Finally, line 6 (grey) is a circular line that goes through 'Moncloa' and then travels around the perimeter of the city. Madrid has also relatively recently rolled out a city bike system (similar to 'Boris Bikes') called BiciMAD. BiciMAD comprises many bicycle docking stations that allow you to borrow a bike and then return it to a 'bike station' near your end destination. These bicycles are electric and so enable you to cycle rapidly with little effort. On occasion I would cycle from where I lived in the centre of Madrid to FJD. This journey took approximately 20 minutes. This is in contrast to 30 minutes on the metro (this included one change of lines).

FJD was established in 1955 by the doctor it is named after, Carlos Jiménez Díaz. The hospital was initially set up to employ doctors who were pioneers in their respective fields. The hospital was the first in Spain to undertake open heart surgery and was also involved in the first renal transplants. The hospital now caters for both public and private patients.

Rotations

During my four months at FJD, I undertook four different clinical placements. These were Cardiology, Thoracic surgery, Obstetrics & Gynaecology and Intensive Care. These were the four placements I requested from UAM and I was fortunate in getting them all. I am under the impression that UAM gave most of the Manchester medical students the exact placements they requested.

Medical Placements

Cardiology

My first four week placement was with the Cardiology department. On my first day at FJD we had to go to 'Docencia' (teaching admin office) to be given our reporting instructions for each of our clinical placements. These reporting instructions simply comprised a letter written for the head of each speciality (Jefe de Servicio). This letter had been written by the head of international medicine at UAM. Therefore, in order to start the placement students had to find the head of the intended speciality in the hospital. This at times could be difficult, but in the case of cardiology I was asked to return in the afternoon to meet the head of cardiology at the hospital. This brief encounter was very casual and just involved me showing the letter to the head cardiology. Following this meeting, I was then allocated to another consultant who was in charge of the coronary care unit. This consultant was named Dr. José Romero García. The average day on cardiology for a student started at 09:00. The rest of the departments doctors would meet at 07:00 every day for an hours teaching followed by an hours meeting. At 09:00 a board round would occur where the coronary care unit (CCU) would go through all the patient information and then formulate management plans. This team comprised 1 senior consultant (Jefe Asociado), 1 junior consultant (Adjunto), and two trainees (Residentes). This board round would on average last 60 minutes and was always followed by a ward round. The ward round was always a rather rapid affair with the main purpose being to update patients on their progression. A few medical questions and a very rapid and focused examination would also occur. The ward round usually only lasted 30 minutes because of the CCU only having 7 beds. Following the ward round, the junior doctors would write up a summary of the day including the patient's full history, examination findings, blood results, and imaging findings. Then at approximately 12:00 the 'Jefe Asociado' would go around all the patients again in order to talk to the families and address any of their concerns. From 12:30-14:00 the 'Jefe Asociado' would report approximately 60 ECGs. These ECGs were all from the pre-op clinics in the hospital. Going through so many ECGs with an expert was an invaluable experience. The senior consultant said one should look at normal ECGs until it is like a picture in your mind so that when you see an abnormal ECG, you can immediately spot the abnormality 'como un pero verde'. Then at 14:30 the on-call doctor would come to the CCU for a handover of all of the patients. The working day would finish at 15:00, however, many of the consultants would then go to private and public outpatient clinics. In addition, the CCU team often had to go down to A&E to assess patients admitted with myocardial infarctions or arrhythmias and to then co-ordinate any appropriate management needed. The above was the daily routine on the placement. Dr. Romero was very helpful and willing to teach students how to read ECGs. Furthermore, the ward did provide good opportunities for listening to murmurs. On a handful of occasions I also went to observe PCI in the catheterisation lab. I stayed on CCU

for the whole 4 weeks, however, I believe that if a student wanted to, they could go and see other aspects of the department.

Thoracic Surgery

When I submitted my rotation preferences to UAM, I stated that I wanted to do cardiothoracic surgery. However, it was only when I arrived in Spain that I realised that cardiothoracic surgery does not exist as a speciality in its own right. In Spain there are two separate specialities: cardiac surgery and thoracic surgery. Therefore, it is worth bearing this in mind when entering your preferences. My head of department was Dr. Ignacio Muguruza Trueba, however, I spent most of my time with one of the senior consultants named Dr. José Zapatero Gaviria. The thoracic surgery department was small and consisted of a head of department, 2 senior consultants, 2 junior consultants and 1 trainee. Tuesdays was the allocated theatre day for the speciality and this usually ran from 08:00 until 22:00. However, students would not necessarily be expected to stay until 22:00! As a student I would on occasion be allowed to scrub in to procedures so that I could get a better view of the procedures being undertaken. During the theatre days usually 4 patients would be operated on. The main surgeries performed by the team were lobectomies, lung segment resections and pleurodeses. On non-theatre days, we would start with a board round followed by a ward round, these days would at the latest finish at 15:00, but often finished earlier. In addition, any pneumothoraces or rib fractures in A&E would have to be seen by the thoracic surgery team. Ward rounds mainly consisted of checking post-operative patient's chest drains and then removing these when appropriate. On some days there would also be the opportunity to observe outpatient clinics with both pre- and post-operative patients. The department was very kind and accommodating.

Obstetrics & Gynaecology

On my first day in the O&G department I had some difficulties tracking down the head of department (Dr. Francisco Plaza Arranz). However, eventually I was sent to meet one of his colleagues by the department secretary. They asked me what part of O&G I wanted to see. Subsequently, it was arranged for me to spend the placement in the delivery suite of the hospital with one of the consultants named Dr. Duarez. The nature of the daily activities on this ward varied widely because of the nature of delivery suites. Some days it would be very quiet with not much to see, however, on other days there would be multiple vaginal deliveries, D&Cs and caesareans. Every day I would attend a meeting at 08:00 that discussed any deliveries that had occurred overnight. The delivery suite was manned by 1 consultant, 1 trainee, 3 midwives (matronas), and 3 nurses. The ward had 5 delivery rooms available. In addition to this work, the trainee would also frequently go to assess people in both the early and late pregnancy assessment units. Staff in the delivery suite were happy for students to on occasion scrub up to 'help' with caesareans and on one occasion I helped deliver a baby with one of the midwives. Intrapartum care was surprisingly different in Spain than in the UK. All pregnancies, if possible, occur in hospital under the care of an obstetrician. Home births and midwife led centres are practically unheard of. Furthermore, nearly every lady in delivery has an epidural as well as an obstetrician present during phases 2 and 3 of labor. At 15:00 o'clock a handover to the on-call obstetrician would occur. The whole team in the delivery suite were very welcoming.

Intensive Care

My final placement in FJD was in the intensive care unit (UVI- Unidad de Vigilancia Intensiva). The UVI in FJD was an 18 bed ward headed by Dr. Cesar Pérez Calvo. I, however, was allocated to Dr. Pablo Turrión Fernández. Because of the nature of medicine on ICU, the department had 3 senior consultants, 3 junior consultants and 5 trainee doctors every day. The 6 consultants would share out the 18 patients between themselves (ie. 3 patients each) and then the trainees would assist them in assessing 2 of the consultant patients with them. The working day would start at 08:00 with an hour long board round. At this meeting the night on-call doctor would give a summary on each patient on the ward to the whole day team. Following this meeting, the consultants would go for a 30 minute breakfast in the hospital. Once the consultants returned all the trainees would then also go for a 30 minute breakfast. After breakfast, each doctor would individually go and assess their patients. Therefore, as a student I would tend to shadow one of the trainees in seeing their two cases and then writing up their progression and new management plans. Then often certain tasks would be required, such as the insertion of arterial lines, central venous catheters, Swan-Ganz catheters and the setting up of hemofiltration machines. The ICU team also acted as the 'crash team' team for the hospital and so we were also often called to go to cardiac arrests on other wards. The patient in ICU comprised complex post-surgical cases and severely ill patients from multiple other specialities. Then at 14:00 every day another meeting would occur to enable the day time doctors to hand over to the night time on-call. The working day would then finish at 15:00. The ICU team were very welcoming but you to be happy to follow doctors or you could unintentionally be left behind in the doctor's office.

Differences in medical practice, medical training and medical culture between Spain and the UK base on my placement experiences

Differences in medical practice and culture

I was surprised at how different the execution of medicine was in Spain despite the patient having the same disease and on the whole patients being treated with the same medications and operations. The main difference I noted was the level of interaction and information extraction with/from patients. Unlike in the UK, Spanish doctors would only very briefly take as history (a handful of questions) and perform an extremely focussed examination. Following this rapid encounter, a barrage of tests and imaging would be requested. Then diagnoses would tend to be made following the results of all of the investigation findings. This resulted in medicine in Spain being based far more by computers and away from patients.

In my experience, formally taught communication skills were not present in Spain and so on occasion rather blunt consultations and breaking of bad news could occur. However, daily communication with the family of the patient was a necessary part of the job.

In addition, when examining patients in Spain it is not uncommon to fully lift the sheets without asking for explicit consent. This leaves the patient fully naked, however, on the whole they seemed to mind less than someone in the UK. This is most probably down to cultural differences in modesty.

Finally, a major difference I noted was the role of the nursing staff in Spain. Nurses in Spain undertake all of the ward skills (eg. IV cannulation, catheterisation) and doctors are expected not to get involved day to day skills.

Differences in medical training

The structure of medical training is vastly different in Spain than in the UK. I imagine the reader of this report has a knowledge of the UK system. In Spain students tend to have 2-3 years of theoretical study at university followed by 3 more years in clinical years. At the end of their 6 year degree, they have to take a large MCQ (MIR) to be able to get a job as a 'Residente'. The higher your score the more choice you have regarding where you want to live and what specialty you want to train in. These 'Residente' programmes range from being 4-5 years long. Following these years as a trainee, one can apply for 'Adjunto' (consultant) posts. Unlike in the UK there are no exams for specialising doctors and therefore the MIR is last exam most doctors in Spain ever take. Unfortunately, the Spanish medical system seems to have a serious problem with large bottlenecks present in many specialities between the level of 'Residente' and 'Aduinto'. Above the 'Adjunto' there are senior consultants (Jefe Asociados) and finally the most senior doctor in each speciality is the head of department (Jefe de Servicio). You will not often see the 'Jefe de Servicio' as they don't spend time on the ward as their role has large administrative elements.

Overview of living in Madrid and working in Hospital Fundación Jiménez Díaz

Madrid

Madrid is the capital of Spain and is situated in the centre of the country. It is also the largest city in Spain. The population of the Madrid metropolitan area is approximately 6 million (3 million for the city of Madrid) making it the third largest city in the EU after London and then Paris. The city has been the capital since 1606. Madrid is a very easy city to live in, with a surprisingly cheap cost of living for a capital. My impression was that it cost the same to live in Madrid as it does to live in Manchester. Most students live in the actual city of Madrid which although large does not feel too difficult to navigate. In time the centre of Madrid starts to feel like a large town you can walk around. The large metropolitan area is largely residential and doesn't tend to be seen by tourists or Erasmus students. Madrid is famous for its art museums which include the Museo Nacional del Prado (classical art), Museo Nacional Centro de Arte Reina Sofía (contemporary art) and finally the Thyssen-Bornemisza Museum which contains a mix of art from the 13th-20th century. There are two large parks in Madrid. Firstly, there is Casa de Campo which is massive and is more of a rural park. This park is located next to Moncloa/Arguelles and in the summer there is a cable car that takes you into the centre of the park. Near the museum district there is the immensely popular Buen Retiro park which is full of sculptures and monuments as well as impressive gardening. The Buen Retiro park used to belong to the Royal family but has since been opened up to the public. Other sites that are popular to visit as a tourist are the Royal Palace, Plaza Mayor and Sol.

It is impossible to live in Madrid and to not be asked about football. The city is home to four football teams: Getafe, Rayo Vallecano, Real Madrid and Atlético Madrid. However, it seems as nearly everyone supports Real Madrid. Ultimately, whether you like football or not it is

helpful to keep up to date with the results from matches as lots of small talk in hospital revolves around it.

Accommodation

Finding accommodation in Madrid was a little more difficult than I had anticipated. Because of the structure of the Medicine course, we arrive a few weeks after the start of the university term and therefore a lot of flats are already full. There are many single rooms available, however, if you want to live with a friend from Manchester you need to look around. It is possible though. I in the end lived in an apartment with 7 people, 3 of whom were from MMS. When we (MMS ES students) moved to Madrid we rented an 'AirBNB' for the first 2 weeks in order to give us a base from where to look at more permanent flats from. This was extremely helpful as it meant you didn't have to take the first flat available and that you had the flexibility to shop around. To look for flats we used a website called 'easyPiso' where people post available rooms in flat shares. In the end we found a company called 'Erasmoflat' that had lots of Erasmus flat shares. Looking for apartments was a lot easier once we obtained Spanish sim cards as you could call up to arrange viewings which was a lot quicker than emailing. Rent prices weren't dissimilar to Manchester if you are wanting to live in a central area of Madrid. Popular international student living areas include La Latina, Huertas and Sol. Finally, because of the style of buildings in Madrid, many bedrooms are 'internal' facing, this means they have a window facing a courtyard and therefore little sunlight. Furthermore it is not uncommon to find rooms without a window at all! Street facing 'external' bedrooms are available, however, you do pay more for them. One last thing to note is that bedrooms with double beds also seem to be rarer in Madrid than in Manchester.

Public Transport

Madrid has an excellent public transport system. I did not use the buses so can't comment on them. However, I used the metro every day. When first arriving in Madrid it is worth buying a metro ticket with 10 journeys on it. Once you are more settled in Madrid, I would consider buying the monthly public transport cards that cost approximately 50 euros as you will be probably be frequently using the Metro. To get one of these passes requires you to go to special offices that are advertised. Once you have the pass you can top it up yourself once a month. Madrid also has a 'Boris' Bike' type system. However, the Madrid version uses electric bike and so they are very quick! This bike set up is called 'biciMAD'. To be able to use biciMAD you have to go online to their website to pay for a yearly card that costs between 15-25 euros. Then you need to put credit on this card. Each journey on bike then takes approximately 50 cents of your credit. Travelling to 'greater' Madrid is also easy and can be done via the 'Cercanias' which is a regional train service. Finally, travel around Spain is very easy. The Renfe train system is excellent and fast, however, tickets are expensive. Buses are also present between Madrid and most Spanish cities, these are slower but a lot more economical.

Leisure time in Madrid

Madrid has a plethora of activities. The city has a buzzing night life pretty much every day of the week. Each area in the centre can also provide you with a different sort of night out and so it worth exploring new areas. The main going out areas are Huertas, La Latina and Malasaña. The dynamic of a night out is very different in Spain than anywhere else I have

been before. A normal night out would comprise of going out for tapas/dinner at 21:00 or 22:00, then at 23:00 or 00:00 you go to a bar until 03:00. At 03:00 you go to a club and stay out to approximately 06:00. Basically, restaurants, bars and clubs stay open much later than in the UK.

As already described above there are many tourist sites that are worth visiting (see above). Importantly, most tourist sites can be seen for free on a certain evening of the week. Furthermore, your student card can get you in for free to most museums! There are also many popular day trips from Madrid to the nearby towns of Toledo, Segovia and Escorial that I would recommend. Finally, an important cultural experience in Madrid is to go and watch a football match. The most popular games are those of Real Madrid and Atletico Madrid, however, ticket prices vary greatly based on the importance and the opposition playing in the match. A more economical way of watching a match is to go to the Rayo Vallecano stadium where you can get tickets for around 20 euros.

Hospital Fundación Jiménez Díaz (FJD)

Working at FJD was great because of many reasons. Firstly, its central location in Moncloa meant that commuting was easy. The hospital is relatively small and therefore easily manageable. All the staff were friendly, and although they weren't always expecting you on the first day of placement, if you just explained who you were they were always more than happy to accommodate you. More details of my experiences of rotations at FJD can be seen above. Finally, UAM has a representative in FJD. This admin employee works in 'Docencia' and is useful to have as a contact in the hospital if you have any difficulties with your placement.

How did this experience help me gain linguistic development, intercultural understanding and with my future plans

When I first arrived in Madrid I was relatively comfortable with using Castilian to communicate with Spaniards about day to day things such as ordering food, booking flat viewings etc. This was because of my previous experiences of living in South America. However, I did struggle when I first started in hospital. Despite all the great teaching one receives there is nothing that can fully prepare you for full language immersion in a technical environment. Initial difficulties were medical acronyms as well as colloquialisms. Just as in English, medicine can sometimes nearly be a language in its own right! The main colloquialism that caused me difficulty initially was the word 'venga'. I initially took the use of this word literally and so would think I had to follow the doctor that said it. However, in fact the word 'venga' is often used a bit like okay/see you later. However, after a week or so on placement I found that you learn all the mnemonics, colloquiums and technical terms that one doesn't know. Therefore, by the end of the placement I felt confident in conversing in medical Spanish. I believe this is all part of natural language development.

The ES was useful in gaining a cultural understanding of working life in Spain. At first one can be frustrated by the sometimes apparent disorganisation that occurs in every day

Spanish life. However, with time one learns to accept and even embrace it because it is merely an embodiment of a more relaxed lifestyle. I would say that it is important early on in your stay to embrace the slight disorganisation and lack of punctuality because if not you will be chronically annoyed! Finally, culturally another difference in Spain is the more direct and honest approach. This has many benefits as everything is always out in the open. However, it is important to know this as someone not familiar could perceive this as someone being rude or insulting. The experience has been very helpful for my future perspective. It has made me realise that travelling and seeing new cultures is something that must be part of my life in the future. However, it has also highlighted how good it is to work in the NHS and so it would be a very difficult decision to leave this all behind.

Practical issues that future students should know about

Housing

When first moving to Madrid I recommend finding a short-term rentable flat to use whilst flat hunting. This is because it can take longer than you expect and it is good not to rush the process. Websites such as 'AirBNB' are full of short term renting of apartments. Once settled, there are many sites that show spare rooms in flat shares in Madrid. An example of one of these is 'easyPiso'. However, it is important to note that often when you call up about an advert for a flat online, it isn't always in fact available. Free rooms are also snapped up quickly so if you like somewhere it is best to have the money ready in order to seal the deal. Finally, it is important to know that many rooms in Madrid have single beds and are 'internal' and so have little if no light. Double 'external' rooms are available but you do pay a premium for these.

Placement form sign offs

I had no difficulty completing forms. Often supervisors don't want to read the whole thing, so if you complete it first and then ask them if they want to sign it can be easier! It is best to do this a week before the end of the placement as they will then have to confirm the form via email. I often logged onto their email with them to show them how to 'approve' the form. Importantly, UAM are happy to accept MMS forms as proof of attendance, however, they require you to print off each placement form, get it signed and stamped by the supervisor. Then at the end of your time in Madrid, they ask for you to hand in all the forms you have gathered.

Hands on experience and feeling Ignored

Medicine in Spain is more detached than in the UK. Therefore it is worth noting that one should not expect to carry out full examinations of patients etc. Importantly and somewhat disappointingly, students are often mostly observatory on placements.

Sometimes on placement, especially when new, it is possible to feel a bit ignored. This is not usually the case but what happens is that as the staff are busy if they don't know you they will just get on with their jobs. Away to combat this is to be proactive in asking questions and to be happy to follow doctors if they go and see a patient even if they don't ask you to. Usually, once they slowly get to know you they become very inclusive.

Scrubbing up

When I first went into theatre in Spain I was very surprised at how different their scrubbing up process is. Therefore, it is worth asking one of the theatre staff what they do as to respect local customs. When I scrubbed in I had first wash my hands just with normal soap and water. I would then dry my hands. Following this I would have cup one hand and fill it with strong Alcohol hand wash solution. I would then dip the other hand's nails in this puddle prior to then washing both my hands and forearms in this solution. I would do this once for each hand. Then once the surgical gown is put on, a scrub nurse will usually hold the gloves open for you so that you can just slide your hands in.

Drug names

One challenge of being on placement in Spain is that they use a lot of brand names when referring to medications. Furthermore, there are some drugs that they use that do not exist in the UK. Therefore, the best thing to do is to explain that in the UK everyone uses generic names. This way, doctors will tell you what the drugs real name actually is!

Being ill in Spain

Unfortunately whilst in Spain I contracted a prolonged course of gastroenteritis. After 5 days I decided it would be best to see a doctor. Initially I was unsure on how to do this as I wanted to see a GP. In the end it was all rather simple! The first thing to do is too google where your local GP practice is. Then you need to turn up in person with your passport and European Health card. They then use these to give you an A4 document which acts as a sort of health insurance card whilst you are in Spain. Then with this you can make a GP appointment. In my case the whole process from turning up and seeing a GP only took 1 hour.

Miscellaneous

Whenever undertaking any administrative duties it is essential you have your passport with you and it often wise to have your European Health card as well. Furthermore, all forms will ask for an ID number and so it worth writing down your passport number.

It is important to be direct in Spain as the culture is that way. Therefore, if you want something doing just say so as being overly timid will result in you not achieving what you need to do.

In hospital everyone refers to even senior doctors by their first name and 'usted' is practically not used. Therefore, once you have introduced yourself formally and referred to them as Dr. X and used 'usted' it is not uncommon to rapidly go to a first name basis and use 'tu'. Also, swearing is very common in Spain, even in hospital so do not be surprised to hear these words and when they are used it is not really considered as rude as it may do in the UK.

Finally, on the first and last day of your placements you need to on both occasions first go to UAM campus in Cantoblanco (use Cercanias). Here you need to attend the International Relations office. They will usually instruct you what to do next. However, if not the second step is to go Faculty of Medicine for UAM back in the city of Madrid. In this faculty you need to find the 'Oficina de Relaciones Internacionales, ORI'. They will then usually instruct you

further. If it is your first day then you will need to go to 'Docencia' in FJD. Here you will be told of who to report too for your placements, told where to go to collect and ID badge, and shown where the lockers are. On the last day you do not need to go to 'Docencia' in FJD.

Useful addresses, phone numbers and contacts

It is very useful to get Whatsapp whilst in Spain because everyone seems to communicate via it. People often won't want to text you because they get charged! There are money phone companies that offer economical sim cards that offer both minutes and data. The company Lebara offered a good deal the cost 15 euros a month for 500 international phone call minutes and 1 GB of data.

1) UAM Oficina de Relaciones Internacionales

ORI Medicina
Edificio de Decanato
Facultad de Medicina
Universidad Autónoma de Madrid
Calle del Arzobispo Morcillo, 4
28029 Madrid
Teléfono: +34 91 497 54 01
Fax: +34 91 497 25 57
email: ori.medicina@uam.es

2) Hospital FJD

2 Avda. Reyes Católicos,
Moncloa,
Madrid,
Spain
+34 915 50 48 00

3) Ersamoflat (letting agency)

2º exterior
22 Calle de Fuencarral,
Centro,
28004,
Madrid.
+34 655 501 301
email: erasmo@erasmoflat.com