

European Studies Report – Madrid, Universidad de Autonoma, Hospital de la Princesa, February-May 2015

Why the European studies programme?

I always enjoyed studying languages at school and having enjoyed Spanish the most, had taken it until A level. In my gap year I then had the opportunity to spend three months in Peru and put the language to use in a Spanish speaking country. Most people I met didn't speak any English and so, the language was vital to making friends and gaining a better understanding of the way of life in the short time I had there. However, in the following three years, since I did my pre-clinical years at St Andrews, I had not continued my study of Spanish and having considerably deskilled, found that I missed learning a language. The opportunity to keep my Spanish going and then to get to do this again in Spain, with the added benefit of learning about working as a doctor there, was therefore very appealing and one of the reasons that I chose to come to Manchester.

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

Living in Madrid

I had visited Spain a number of times before and had been to both possible cities before going on the European Option placement. Although Granada was very beautiful, I chose Madrid over as I wanted to experience living in the capital city of Spain and felt it would be a good base over a four month period, since Granada is quite a lot smaller. Yet, although I had enjoyed my previous visits to Madrid, before the placement, I didn't really have any great affinity for the city. But, increasingly over my time spent there, Madrid by far exceeded expectations and is simply a great place to live. The pace of life is so enjoyable, yet varied and affordable. It is a city that has something for everyone and welcomes anyone into it - almost anywhere you go, from great cafés, to roof terraces and museums, you see such a variety of people and of all ages. So although there are a lot of things happening, nowhere really feels exclusive. And on top of all the good things within the city, being right in the centre of Spain gives so many options for exploring the rest of the country.

In terms of getting around within Madrid, the centre is very walkable and although you can buy a monthly metro card, depending on your daily commute, it may not be necessary, especially since the metro can be slow and involve long waits between trains if you need to change. There are also city bikes which you can rent and are electric powered for the many steep inclines, but as the roads aren't particularly well designed for bikes, i.e. no cycle lanes, and because cycling isn't very well established, compared to Manchester or London, I am not sure how bike-aware the drivers are, however, it is definitely a viable option for a pleasant and efficient travel from A to B. For travel around Spain, the cheapest option is often arranging a ride through *blab la car* or a coach. The high speed rail network means that the trains are likely to be the most efficient route to the big cities but do need booking ahead and are much more expensive.

Finding a place to live in Madrid is a challenge but there are many great flats available if you are persistent in searching. Initially, I stayed in an Air bnb flat with a couple of other Manchester students which provided a good base from which to look for a more permanent home. It is useful to know that generally, two types of rooms are on offer; those with windows on the outside of the building, which are lighter (exterior), possibly have a balcony and are more expensive compared to those on the inside (interior), which usually have a window which opens into an internal courtyard/atrium, so there is a choice depending on

budget and preferences for light. I mainly used the website idealista to look for rooms, they also have a really useful app and you can save your favourites, which becomes very useful when trawling through all the possible options. If you want to live with another Manchester student, the most likely option will be to go for an agency run flat that is mainly targeted towards Erasmus students. If your preference is to avoid this kind of flat and you don't mind going it alone, then there are more options available although the problem of 6 month minimum rentals can be tricky. Additionally, the adage if it seems too good to be true, it probably is, definitely applies to the madrileñean rental market and some caution is required. One student was the victim of a scam during our time in Madrid, having paid money before seeing a flat and some bargain rooms advertised will be interior but don't have any window at all, and I even went to see one that was accessed through another bedroom, cordoned off by a shower curtain. Whilst you could choose the design of your shower curtain, I decided the saving probably wasn't worth it and in the end, found a great flat with a real window and a fully fledged door.

Since it is so easy to get around Madrid, you could probably live in any of the central barrios and still have a very reasonable commute, which leaves the choice down to personal preference between the neighborhoods. I lived next to the Anton Martin metro station, on the border between the Lavapiés and Huertas barrios, which are both very close to Sol (the centre of Madrid, and of Spain) and so made it easy to walk to most places but are also really interesting areas in themselves. Lavapiés is probably the most ethnically diverse barrio in the centre of the city and is a vibrant, fun neighbourhood with many outdoor squares and streets lined with bar tables. Huertas is slightly more touristy but still has some good places to go and a number sunny, busy plazas where you can grab a drink. Nearby is La Latina, where on a Sunday, it is the definitive place to be in Madrid. From early in the morning until around lunch time, the Rastro flea market lines the streets and you can pick up clothes for 1 euro and sizeable tasty tostadas and then later the crowds move to populate the many bars, which remain busy until around 8pm. Malasaña is also a great area to spend time in, full of good cafes, shops and bars and is probably the most nightlife centered barrio of Madrid. Any of these areas would probably make for a good home for four months in Madrid.

Practicalities at the hospital

I was placed at La Princesa hospital, which is at the northern end of the affluent Salamanca barrio. La Princesa is a tall, square building, meaning each floor feels accessible and familiar but also results on a very high demand on elevators. There are four for public use and if you choose to take this route, you will soon learn great vigilance after pressing the up arrow because when a lift finally does arrive, doors only open for around 30 seconds and, with everyone feeling quite disgruntled after the lengthy wait, not a lot of altruism remains when it comes to holding the doors. But you learn to move quickly, and miraculously, so does everyone else, it really is amazing what can be done with a zimmer frame, on the way to the heart failure review clinic. On the upside, if you do make it in and you're wearing your white coat, everyone says hi and see you later when you leave, which is nice.

La Princesa is very easy to get to, either by metro or on foot. It's right next to Diego de Leon metro station and takes about 50 minutes to walk to the centre of Madrid, or a little bit longer if you route through Retiro park. During the two minute walk between the metro station and the hospital door, you also walk by this great bakery called Lorena, where they serve real coffee (hard to come by in Spain) and you can get a croissant too for just €2.

The official working day for most doctors is from 8am until 3pm with no real break, however, allowances are made for getting coffee or food and some teams have breakfast together

around 9:30, after morning meetings, in the hospital canteen by a ward round and then time for paperwork, reviewing investigation, medications and completing discharge summaries. Most junior doctors also usually do one on-call or guardia a week, which means working a full 24 hours, although there is a place to sleep at the hospital and it seemed like getting around 5 hours was fairly normal.

I had not previously done any SSCs in Spain and was unfamiliar with the system of training and grades used there. So for orientation purposes, it was useful to learn that, after taking the MIR, graduates choose and are accepted onto their residente training post, according to their ranking, which they begin in late May. Curiously, this process is a physical one, with each medical graduate attending an appointment in order of their ranking over the course of a week, in which they check a screen to see which jobs are left and have to choose their post from anything that remains. The residency is a job for 5 years, in which, during the first two years, much like a foundation job, residents rotate around different departments, the difference being that these are only in specialties relevant to the post, for example, a respiratory resident will rotate in urgencias, cardiology, radiology and internal medicine, as well as hospital and community respiratory medicine posts. In the later years of the residency (R3-R5), almost all the time is spent in the specific specialty, and is equivalent to SHO/registrar level. After this, residents are required to apply for adjunto posts and within this may progress to more senior posts e.g. head of department.

Rotations

I started my placement in A&E (urgencias), and then rotated through gastroenterology, stroke medicine and cardiology. These were placements that had been picked when filling in the Erasmus form and when I arrived, it didn't really seem that much organization had been done apart from this, as there was no fixed timetable, contact details or reporting instructions. However, although not necessarily expecting me, after I had introduced myself, all teams were very accommodating, friendly and approachable.

Urgencias

Urgencias is very different to an emergency department in the UK. It is divided into medical and surgical divisions, but most presentations come under medical apart from minor trauma cases - the Princesa is not a major trauma unit so this mostly means minor domestic or road traffic accidents. Within medicine, this is again divided into two, with minor cases falling under rapidos and anyone who needs a higher level of care and probable admission are taken into majors, where beds, oxygen and monitoring are available. I spent one week in majors, during which I saw largely elderly patients with cardiological or respiratory presentations including acute decompensation of heart failure and pneumonia. The major unit is fairly small with around 12 beds, and all patient care is overseen by one adjunto supervising a large team of residents of varying grades. One of the most interesting elements of the time I spent here was interacting with the pre-hospital care team in handover. In contrast to the UK, in addition to paramedics, the pre-hospital team also includes a doctor, making this physician the first to see the patient and allowing assessment and initial treatment to be put in place prior to arrival at hospital. Due to this, investigations for the patient were ordered before being seen by a doctor in urgencias, probably speeding up the availability of results in comparison with the UK. I then spent the following two weeks, mainly shadowing an R1 in the minors area. Many of the patients attending this service had minor complaints and was similar to presentations seen in a community general practice placement in the UK. Each patient is first seen by an R1, who will then present the patient to and adjunto and discuss the investigations and management needed. The adjunto would then usually see the patient themselves, before either sending them home, or deciding to

provide further care. My last week was spent in the surgical division, during which time, I again shadowed an F1. This again was comparable to general practice, as patients usually had suffered only minor trauma and were seeking advice or required minor surgery, for example incision and drainage of an infected cyst.

Digestivo

My next placement was in gastroenterology, in which I spent the majority of my time on the ward, which had around 30 patients. Patients were divided between two teams, then additionally, there were doctors who were specialist in endoscopy and additional adjuntos that mainly worked in an outpatient capacity. There was a team meeting every morning at 8:30, starting with a handover from the on-call doctor regarding any new admissions or major problems for patients who were already admitted. This was followed by either a presentation of a clinical case by a residente, a teaching session by an adjunto or a talk from an external speaker, for example from a pharmaceutical company. Quite often this was accompanied by post-talk pastries or sandwiches and coffee before starting the ward round. Ward rounds were usually carried out by one adjunto and at least one residente, of varying levels. All the notes, prescribing, and observations were digitilised in digestivo so practically ward rounds feel pretty familiar to any ward round in Manchester, going from patient to patient with a printed list and a laptop on wheels in tow, which may or may not be working. We would then go to see each patient in person, during which I had the chance to examine most patients, and would before returning to the office to type in each of their records, look at bloods, recent imaging, review medications and order any new tests, make inter-hospital referrals or wrote discharge summaries as required. Patients were interesting and varied, including a large number of hepatitides cases, patients with pancreatic cancer and unusually, two patients with gastric bezoars. Since many of these patients did, sadly, have terminal conditions, this placement also gave an insight into how palliative care medicine works in Spain. Many patients were also admitted following decompensation of chronic liver disease and therefore with ascites, providing me with the opportunity to site an ascetic drain. Additionally, with the fairly recent advent of the new hepatitis C treatment, it was interesting to see how Spain too was dealing with the problem of distribution of the highly effective but extremely expensive new drug for the disease. The rotation also provided the opportunity to observe endoscopies, and I was also able to see both upper and lower GI endoscopy, as well as ECPR with extraction of gallstones.

Neurologia - vascular

I spent 4 weeks with the neurological vascular team, which is a recently renovated and well respected unit at La Princesa. The unit consists of an acute stroke unit, where full monitoring is available and patients remain here for at least 24 hours post-stroke or thrombolysis, as well as ward beds, for lower level care. There were ward rounds every day and provided the chance to see patients with a wide range of neurological deficits, including aphasias, at various stages post-stroke and rehabilitation. I also had the opportunity to see acute assessment of suspected ischaemic stroke in A&E, from clinical examination, to urgent CT and angiogram, to then diagnosis and decisions for management. Through special arrangement, I also went to a couple of general neurological clinics which gave me experience in a wider range of neurological conditions, such as MS.

Cardiologia

My final placement was with the in-patient cardiology team, which did not cover the acute coronary unit and therefore, mainly involved care of patients with acute decompensation of acute heart failure, admission for investigation of unstable angina, as well as management of

some arrhythmias. This was a really useful placement for revision of ECG interpretation and for clinical practice listening to murmurs. In addition to the daily ward round, there was the opportunity to observe echocardiograms and dobutamine echo stress testing.

How you have gained from this experience in terms of i) linguistic development, ii) inter-cultural understanding, and iii) in terms of your ideas and future plan

Linguistic progress

Since there are no Spanish classes in fifth year and having not previously done any placements in a Spanish hospital, the adjustment was difficult at first. In retrospect, I wish that I had been able to use more of my time post-exempting exams to revise key vocabulary and to do some listening practice in order to make this transition easier. Another difficulty was understanding medical abbreviations, as well as drug names, since often brand names are used instead of generic.

Over the time I feel I progressed mostly in listening and widening my vocabulary, the hospital placement is really good for this and having a Spanish flatmate really helped. As I did not have any formal Spanish lessons during my time, I feel that I made the least improvement in grammar, and had it been an option, I would definitely have liked to take up private lessons during the placement. I wasn't able to take up the opportunity for free lessons at Autonoma either, as in order to be eligible, you had to take an exam which was only held on one day, which happened to be before most of us got there. Therefore, I cannot comment on the quality of these lessons but the campus is fairly distant from the centre of Madrid where most of us lived, therefore, I would say your decision to take these may depend on where you decide to live and your willingness to travel.

Intercultural understanding

The role of the doctor in all departments is quite different from that of a UK doctor. Almost all procedural skills are carried out by nurses and there is clear division of labour. Only advanced procedures such as ascitic drainage and central lines are carried out by doctors. In many ways this makes working much more efficient, and allows results of the day's bloods to be available prior to the ward round. However, the knock on effect is that much less time is spent with patients. My impression compared to the UK was that the role of a junior doctor in Spain entails much less responsibility and practical work, whereas although bearing the same responsibility, conversely, the job of an adjunto remains more hands-on compared to that of an NHS consultant, where outside of ward rounds, the role for in-patients is mostly advisory. Attitudes towards patients also are very different to those in the UK, for example, no consent is usually sought for examination and multiple doctors examine the patient at the same time. However, most patients seemed to be comfortable with this and perhaps is in-keeping with generally more direct Spanish culture. But I was also involved in the care of a number of patients who were not aware of their terminal diagnosis, at the request of the family, who were aware and in these cases, I did find it difficult to understand the lack of autonomy applied to patient care.

The hospital, as is the case outside of hospital, was very sociable, all the residents were good friends and generally team morale was really high. I think that this is probably a result of the natural characteristics of the Spaniards but also the structure of the training programme, which provides a much more permanent job, also fosters good working relations. The pace of work too was slower than that of any UK hospital I have previously worked in and time taken to have breakfast together probably helped the cohesiveness of the team.

There are also many difference outside of the hospital, perhaps partly due to being effectively on the wrong time zone by an hour since Franco, the day starts and finished much later than in the UK. Attitudes are generally more relaxed but surprisingly bureaucratic at times. It was also a really interesting time politically to be in Spain. The political climate has also undergone a lot of changes since the recession, with two new major political parties on the scene and many more people are now politically active, with protests almost every day in the centre of Madrid.

Future plans

I really enjoyed living in Spain but found that the differences in hospital practice meant that I wouldn't choose to work there. However, I will be continuing to learn Spanish and would definitely consider working, at least short term in other Spanish speaking countries.

Any practical issues that future students on this placement should know about

I had not completed a number of UPSAs before going to Spain and found them very difficult to do during the placement, with the result that I had to leave them until coming back which was fairly stressful. I would therefore recommend trying to get everything done before leaving if at all possible!