

## European Option Report

**Placement: Hospital Universitario Puerta de Hierro, Majadahonda.  
Universidad Autonoma de Madrid.**

### **Why you chose to study on the European Studies programme**

I originally chose to study on the European Studies programme when applying to Manchester Medical School because I already had a high level of spoken and written Spanish from school and au pairing during the summer. I also thought that studying a language would be a natural progression, easy and be a welcomed break from studying a science subject. As I continued with the course I began to realise the advantages to my employability of having achieved a medical degree in English as well as the 4<sup>th</sup> most widely spoken language in the world. I realised that there would be more opportunities to travel with medicine with the ability and qualification to work in a Spanish medical environment. I also realised that it would add that something special to my CV and make me stand out as well as giving me 4 months work experience in a well renowned European hospital to talk about in an interview.

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

I lived in in the North of Madrid on Calle de La Princesa which was a 15-20 minute walk from Moncloa Station. From there the bus would take anywhere from 45 minutes to 1 hour 15 minutes to Puerta de Hierro Hospital, Majadahonda. This journey was difficult especially if I was expected in for 8.30am but it was worth living in Madrid as I was close to any ERASMUS events and all of the main bars, restaurants and nightclubs. Majadahonda is a fairly posh little town outside Madrid so I was told that the rent was actually cheaper in Madrid than in Majadahonda. None of the Spanish medical students or ERASMUS students that I met lived in Majadahonda so it was definitely worth the commute.

In terms of living in this part of Madrid I couldn't have asked for a better location. Unbeknown to us we had picked a fairly popular student area. Most of the Majadahonda ERASMUS medical students happened to live in and around Moncloa too to be able to get to the hospital in the morning. There are a number of bars and restaurants but the main areas for going out to bars or nightclubs were 20 minute walk away in Chueca or Malasana. Malasana is a hipster hangout and is a bit cheaper than its neighbour Chueca. Chueca is the main LGBT scene in Madrid and another brilliant area for a slightly more expensive night out. We were also not that far away from a nice street/ area called Cava Baja which is a longish street that is full to the brim of lovely restaurants and tapas bars.

In the hospital itself, the medical and administrative staff was generally very friendly and the patients were encouraging.

My first placement was Cardiology with Dr Javier Segovia Cubero. It was easy to fill in my objectives on this placement because I was allowed to see lots of different parts of the department. I was sent to surgery on the first day and found it impossible to understand anything anyone was saying because of the masks. I was then on the ward round where I was allowed to take histories. I was also

allowed to spend some time in ICU and A&E. I was invited to interactive classes with 4<sup>th</sup> year students which were interesting. As this was my very first placement the first few days of the placement were spent trying to understand what people were saying to me! I also had to get a feel for the hospital and the different daily routine and timetable. I had access to and attended interesting clinical meetings during this placement. The consultant was quite keen for me to do 2 on call shifts which last from 3pm-10pm

My second placement was in Internal medicine with Dr Antonio Manquillo Esteban as my supervisor. This was a really good placement and the whole team was very welcoming. By this stage in the placements I understood almost everything in the ward rounds but I would still not catch the conversation if I drifted off for a moment but I had started to ask more questions. It was interesting to understand the role of internal medicine as it is a specialty that doesn't really exist in English medicine. I got the opportunity to take more histories and examine and was given lots of feedback on these examinations and histories. As part of my working day here I would sit with residents and help to write notes to understand the administrative side and working day of resident. On Wednesdays I used to go to the internal medicine clinics and I was allowed to choose a clinic of a different specialty to go to on Thursdays as lots of 3<sup>rd</sup> and 4<sup>th</sup> year students would come to the ward round every Thursday and it was very cramped. I took more histories on this firm and got to grips with the different way that Spanish people present histories.

My third placement was in Obstetrics and Gynaecology and I was supervised by Dr Enrique Iglesias. This isn't funny to Spanish people. I spent time on emergency obstetric admissions in triage and in the treatment room. I took obstetric histories and was able to revise obstetric examination. There were also breast clinics and this was a good opportunity to revise breast history and examination. I was allowed to do comparatively quite a lot on this placement compared to the others. I attended gynae clinic and breast and gynae surgery. During the placement my supervisor fed back that I should revise post-partum assessment and go to delivery suite to revise the stages of labour and so I spent the last couple of days doing this.

My final block was on paediatrics and I was supervised by Dr Martinez Orgado. I spent one week on the neonatology ward and was able to review and practice the newborn exam. I then spent a week on the normal paediatric ward where I took lots of paediatric histories and exam and got my UCMD and UCExs signed off. I went to the paediatric ward round in the morning and then spent time in paediatric A&E in the afternoon. The following week I attended paediatric clinics.

In general Madrid and the area that we lived in were safe. I did not notice much of a difference in personal security (ie I did not feel that I would be attacked) but it feels as though you have to keep a closer eye on your belongings. Spanish people have a smaller personal space and will touch you much more than English people. In my experience this was usually well meaning although almost every ERASMUS student that you came across had had something stolen at some stage and I had my phone taken on a night out.

There were lots of nice towns to visit around Madrid on day trips. We took trips to towns called Segovia and Toledo. Neither are more than an hour outside Madrid or more than 15 -20 euro to get to by bus. They were nice for when we wanted to get out of the city for a day. Toledo is a historical

town with a cathedral, Arab architecture and Jewish influence with lovely Jewish bakeries all within a small town. The mosques were beautiful too. Segovia has a cathedral and a very impressive, large ancient aqueduct. If you want to go a bit further afield and have someone to visit Granada is a perfect destination. We went to visit other Manchester Erasmus medics and visited the Alhambra which is an Arab style palace with beautiful views of the mountains. The pace of life there seemed much slower than that of Madrid and all of the food and drinks were cheaper. For example, in general you could buy a tinto/sangria in Madrid for 3 euro whereas in Granada we seemed to be getting all our drinks for 2 or 3 with tapas.

**What you have learnt on the placement with regard to any differences to UK hospitals and practice, the medical training programme, the contrasting medical cultures.**

### **Differences to UK hospitals**

A few weeks into my placement I noticed that there were always a lot of relatives around and about the wards. The wards do not have any visiting hours and so usually the patients usually had a relative with them at all times. I was told that, historically, the Spanish health service did not have enough money to pay nurses and so the relatives would have to nurse the patients and that is why the relatives are always there.

Spain has a good public health service but many people chose to pay for private healthcare. It appears that this is more popular in Spain than it is here. However, owing to the recession, in the past few years, many Spanish people have had to return to public healthcare. The problem that Spanish doctors had with this was that patients' expected the same treatment from the public system as they had been receiving from their private providers. For example, when I attended a gynaecology clinic we received a few patients who were only there for their 'first gynae review' or 'normal follow up review.' The gynaecologist explained that, under private care, patients paid to have an ultrasound and review even though they were asymptomatic and, whilst they no longer had private health care, expected to continue having reviews on the public healthcare system.

### **Difference to UK practice**

One of the differences in how medicine is practiced in Spain compared to how it is practiced here is that, in Spain, it appeared that medicine is practiced without much of a focus on evidence base. I asked someone about this that was told that modern, well organised medicine in Spain is relatively new because of Spain's political past. I was given the interesting example that we have had the NHS for longer than Spain has had democracy!

The typical day for a Spanish resident starts at 8am with a morning meeting. These were much like the lunchtime meetings that we have and they usually involved an interesting clinical case or review of new literature (but no food!). They would then either go through and talk about the patients around a computer or go straight to ward round in a big group. The group size varied. On cardiology and internal medicine the number of people on a ward round could be 7 or more people. There were usually 2 consultants, 3 residents and 2 students. The ward round would usually finish at about 11.30am and everyone would go to the canteen for a coffee and pastry together. They would then come back to the ward and write up the patients' notes and do any referrals, or blood or x-ray

orders and odd jobs until 3pm. Just before 3pm there was a handover to the on call team. The oncall shifts were from 3pm-10pm.

In general the residents never looked to be that busy and appeared to do a lot less work than foundation year doctors do in the UK. The workplace environment didn't ever seem to be as stressful or pressurised as it seems to be in the UK. This was mostly because the nurses were responsible for all the skills that junior doctors do in the UK ie. Catheters, bloods, cannulas, administering all drugs, and doctors would not be asked to put in cannulas. In Spain, the doctors did not have any practical responsibilities. This seemed like a very nice work- life balance however I did find out that the residents have a much lower salary than we do.

Spanish doctors still wear long sleeved white coats. This appears to us to be less hygienic but Spanish doctors will argue against this! The younger doctors do wash their hands with alcohol hand gel before touching each patient but the older ones don't .

### **Differences in Medical training programme**

The medical training programme in Spain is 6 years long. This is followed by one year studying for an exam called the MIR. This year is unpaid and the mark in the MIR decided whether the student can get a place as a resident in the specialty that they apply for. Foundation year training doesn't exist and so, after the MIR, students apply to go straight into residency for specialty training which lasts 5 years. Following this they are consultants. There appears to be less job security for consultants. For example, I shadowed a few consultants who were on yearly contracts because they couldn't get permanent contracts.

### **Contrast in medical cultures**

I noticed that there was a difference in the attitudes of doctors towards patients. It was not uncommon to see them not being pleasant to the patients. As part of the Spanish tactile way, 2 or more doctors would often start examining and touching the patient without gaining consent or even warning the patient particularly. The students would not ask permission to examine the patient but they were expected to start auscultating at the same time as the Doctors without identifying themselves as students. Despite being a very modern hospital the doctors also often appeared fairly old school and dismissive in their attitudes towards functional illness, IBS, fibromyalgia and depression etc.

Despite the abovementioned very skilled nurses, I noticed a fairly obvious hierarchy between nurses and doctors. There wasn't as much of a focus on teamwork and I thought that there was sometimes a slight lack of respect shown to the nurses.

Spanish people are very tactile and this is also true of the doctors. On some of my placements the doctors would pull you by the upper arm as they give you a whistle stop tour of the department. These same doctors would be the ones greeting their favourite patients with a kiss and kissing you goodbye at the end of your placement when all you wanted was your medlea form signed off!

During ward rounds the doctors walk notably slower than in England. I used to sometimes look behind me on a ward round to see that I'd left the rest of the doctors behind and they were still half

way down the corridor. The processes seemed to be much less efficient. ie A large group of doctors seemed to go everywhere together rather than each doctor having a task or job to do like Foundation year doctors do in England.

**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 plans.**

**i) linguistic development** My spoken medical Spanish has improved vastly from my placement in the hospital and my general speaking ability has improved from living in Spain. My writing is the only aspect that I did not feel that I improved whilst there. This could have been improved if I'd read more and asked the doctors to allow me to write more patients' reports.

**ii) inter-cultural understanding** I feel that I have a better understanding of what it would be like to live and work in Spain after my placement in Madrid. Before this placement I had only ever been to Spain as a tourist on holiday and so everything was either easy to do or there wasn't that much of a time pressure on getting it done. With all of the paperwork on this placement I now have an understanding of how the Spanish laid back lifestyle could be a negative thing. All processes (ie getting a bus pass, joining a gym, getting anything done in the international relations office) take much longer in Spain. Everything closes early (or doesn't open to begin with) on a Sunday and they have lots of bank holidays and festival or holy days. On these days everyone is off work and very few shops open. The normal office hours are between 0900 and 1400 which makes it quite difficult to get things done if you are at work and there is an aversion to most things electronic! Rather than sending emails, Spanish administration is carried out on paper with official stamps on everything.

I have learnt that Spanish people don't mind queuing as much as British people do. It seemed that whenever I went to buy anything in Spain there was always a queue. For example, every day after hospital I used to go into a supermarket to buy a baguette and whatever else I was having for lunch. Almost every day there was a big queue at the one till that was open. There would often be employees that were taking stock and so I would ask them to open another till to move the queue on a little bit. Another example of this was when I took a trip to Granada. I looked online and there were free spaces on the bus. As I didn't have a printer and wasn't sure whether an e-ticket would be sufficient I decided to get to the station early and buy the ticket there. I arrived 40 minutes before the bus was due to depart and there were no ticket machines. I queued for 40 minutes and missed the bus. The next free bus was 3 hours later.

Good food and wine is very important to Spanish people. These are also generally much cheaper in Spain than in the UK and so Spanish people eat and drink out in restaurants and bars a lot more than British people. This made my time in Madrid very pleasant and sociable.

One disadvantage was that I noticed that Spanish people are generally less hygienic than British people. It was very normal for there to be no soap in restaurant bathrooms which is not good considering a lot of the tapas are meant to be eaten with your hands. I also noticed that women would never wash hands after going to the loo.

### **iii) in terms of your ideas and future plans**

I do not think that I would like to live and work in Spain for a long period of time because of the inefficiencies mentioned above. The pace of life was nice for a bit of a break or holiday but I found the unnecessary queues, delays and short office opening hours everywhere were very frustrating at times and I don't think it would be nice to experience them every day if I was trying to get on with living my normal life.

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

- Leave double the time to buy anything in Spain. There are always queues!
- I would advise anyone to live near to Moncloa station ( in the north of the city) to be able to get the bus in the morning but still avail of the social side of living in Madrid city.
- If possible, I would recommend going to the docencia (teaching) staff on the 1<sup>st</sup> floor of puerta de hierro hospital first with any problems that you have rather than the international office in cantoblanco or the ERASMUS office at the university Autonoma of Madrid at the faculty of medicine in la paz hospital. This is mostly because they are so helpful but also because the office is located right next to the lockers where you will need to be every day.
- I would advise you to buy you abono mensual (monthly metro pass) B2 which costs 74 euro a month as soon as you arrive. Otherwise a return journey to the hospital costs 5.20 euro every day. To buy the abono you need to bring your phone number, your passport , a passport sized photo, a pinch of fairy dust and a resilient smile with you to one of the tabbaco shops (tabacano). This will save you money because the B2 abono mensual works as an unlimited metro pass.
- Regarding mobile phones, the only thing that you will need is have internet when youre out because Spanish people only use whatsapp rather than minutes or texts.

#### **Any addresses, phone numbers and contacts that might be useful for future students.**

The teaching department at puerta de hierro was second to none. They were so helpful and would bend over backwards to organise anything for you. I was welcome to go to classes even though this was not part of my contract and was given the timetable for the 4<sup>th</sup> and 5<sup>th</sup> year classes to pick any classes that I wanted to revise. Juan in docencia (teaching) also put me into contact with consultants to do extra clinics in the areas that I had not done so well in finals as well as the consultants to get my scrubbing up ups done. The email address is: docencia.puertadehierro@uam.es and the phone number is: 91 1917350. If possible, I would recommend going to them first with any problems that you have rather than the international office in cantoblanco or the ERASMUS office at the university Autonoma of Madrid at the faculty of medicine in la paz hospital.