

# **European Studies Placement Report 2014**



## **Paris Descartes**

**8 Week Placement in Oncology at  
Institut Curie**

**8 Week Placement in Dermatology  
at Hôpital Tarnier**

# Table of Contents

Why I Chose to Study on the European Studies Programme.....	3
An Overview of My Placement in Oncology at Institut Curie.....	3
An Overview of My Placement in Dermatology at Hôpital Tarnier.....	4
What I Have Learnt on this Placement:	
1) Differences to UK Hospitals and Practice.....	4
2) The Medical Training Programme.....	5
3) The Contrasting Medical Cultures.....	5
What I Have Gained from this Experience in Terms of:	
1) Linguistic Development.....	6
2) Inter-Cultural Understanding.....	6
3) Future Plans.....	7
Living in Paris:	
1) Housing.....	7
2) Transportation.....	7
3) Food.....	7
4) Cultural.....	8
Practical Issues to Keep in Mind.....	8
Conclusion.....	8
Useful Links.....	9

## **Why I Chose to Study on the European Studies Programme**

There are many different reasons why I chose the European Studies Programme. I joined in third year after arriving from St Andrews and I thought that it would be a good opportunity to regain my previous French knowledge. In addition, I really wanted to study in Preston so I thought it would be a good way to meet other students from Manchester who were also interested in languages. Commuting weekly could be frustrating, but my train journey was often as long as the commute students had from their Manchester hospitals if there was traffic. Wednesday afternoons are traditionally “protected” and if there were clinics or teaching that conflicted with European Studies my supervisors were always very understanding.

I attended a French high school in Canada for a few years and studied French to a high level before starting medical school and always thought that it was a shame that I did not continue learning French. I did not know that Manchester offered this programme when I initially accepted the St Andrews/Manchester offer, and this was a really nice surprise. I was fairly rusty when I started the programme but I feel that the lessons were a good way of regaining basic grammar and syntax. Weekly assignments and reports with corrections were a great way of continuously incorporating French work into my weekly revision over the two years prior to my placement in Paris.

## **An Overview of My Placement in Oncology at Institut Curie**

My first *stage* (placement) as an Erasmus *externe* (medical student in year 4 – 6) was in Medical Oncology at the Institut Curie which is located in the 5<sup>th</sup> arrondissement next to the Pantheon. This is a leading research centre and there were many interesting cases and learning opportunities. Because of the Manchester exam schedule, I joined my placement about a month after the other the other externes had started. This meant that my start was quite difficult. There had already been an induction for the other externes and the doctors expected me to know hospital protocols and how to complete administrative tasks as well as know how to use their computer system. Unfortunately there was only one other externe on the ward with me and she was not very helpful. In general I felt that French medical students were less welcoming than we tend to be with Erasmus students and this was something that many other Erasmus students (across different universities and faculties) also commented on. By the end of the first week I was more comfortable with hospital protocol and enjoyed my placement.

A typical day consisted of a handover in the morning with nurses, doctors, *internes* (FY1/2s) and externes. I would then divide the list of patients with the other externe and I would spend the morning seeing my patients. This was a nice way to start the day, especially as I got to know patients who were there for a longer period. After this, we would report any problems or questions to the interne or other doctor and clerk any new patients that had arrived. We would also fill out prescriptions for patients and organise paperwork for their discharge. On Monday mornings there was a review of all patients with the consultant (which would include some teaching from him) and on Tuesday afternoons there was formal teaching for all the externes at Institut Curie (which was always very good).

While I enjoyed my placement, and I think having a morning ward round of speaking to patients by myself was really great for language skills, there were many times that I wished there were more to do. Many of the patients were staying at Curie for an extended period of time for treatment so the only time I did a full examination was for clerking new patients. I initially thought that I was given less work because I was an Erasmus student but actually there just were not very many tasks suited for externes on the ward. In addition, nurses do many of the roles that doctors do in the UK (such as cannulas and venepuncture) so I felt very de-skilled by the end of the 8 weeks.

### **An Overview of My Placement in Dermatology at Hôpital Tarnier**

My second stage was in dermatology at Hôpital Tarnier, which is a little hospital that is located right next to Jardin Luxembourg. It is a part of the larger Hôpital Cochin which is located about a 5 minute walk away on Port-Royal. There was an immediate advantage to starting with the other externes and I felt much more comfortable with hospital procedures. I also felt much more confident speaking French, which was good because externes are very much a part of the team there and we were required to do a variety of jobs. There were many externes, and we were divided between day case hospital and surgery.

At the start of the day at the day case hospital, the interne or *chef de service* (lead consultant) would assign us patients. We would then review their previous notes, start clerking them, do a full examination as well as any other tasks needed (such as ECG). We would then present our patient to the chef de service who would review the patient as well. We would then complete any tasks for the patient such as take photographs or do biopsies. If we were waiting for our patient to be seen or had time before a patient arrived we were expected to help with tasks such as filing patient notes, calling other departments regarding outstanding requests, and taking messages from patients who had called.

It was a very busy department and a definite change from oncology at Institut Curie. I feel that I learned a lot more in dermatology because of how much was expected of us. In addition, it was great to learn how to perform biopsies because I will have a dermatology job as an FY1. On Wednesday mornings all externes attended teaching and the chef de service and interne were also happy to teach between patients.

### **What I Have Learnt on this Placement:**

#### **Differences to UK Hospitals and Practice**

There were many more differences between the UK and French healthcare systems than I expected. There are advantages and disadvantages to both and I am not sure which system I globally prefer.

I found that doctors in both of my placements were generally less formal than they are in the UK. Doctors, internes, and externes all wear casual clothing to hospital with a white overcoat issued by the hospital. I found the coat really practical for carrying stethoscope, pens, paper, etc. and it was nice to wear normal clothes so that you did not have to go back to change between placement and meeting friends later in the day. It was, however, a bit odd to see doctors in trainers and jeans on the ward.

In France, externes are very much a part of the team with a defined role in the service. They are paid a salary of approximately 200€ per month (which we also received as Erasmus students) and are expected to work and complete their tasks. On one hand, I thought that French students have a much more practical education and are probably better prepared for working as internes than we are for working as FY1s. They all see patients on their own, review notes and results, and even prescribe under supervision from the start of their clinical years. On the other hand, students are also required to complete many secretarial tasks and small jobs that you would not be expected to do as a student in the UK.

In the UK we are largely treated as observers who are there to learn with practical experience varying with departments. This is good because we are formally taught more often than they are here, but many students struggle at the start of FY1 because there is a big difference between observing patient care and having an active role in it. Overall, I preferred the French approach to clinical years because I think that you learn better when you have more responsibility and a defined role.

### **The Medical Training Programme**

The UK and French medical training programmes are very different. It is interesting that two systems can share so few similarities and yet both produce similar professionals.

From the very start, these two systems differ. In France, everyone who wants to study medicine can regardless of their marks in high school. Their first year is very competitive, with only a fifth of students progressing to the second year. This contrasts to the UK, where entry to medical school is initially highly selective and based on grades, extra-curricular activities, and usually an interview. I can see advantages to both systems, largely because not everyone who does very well in high school will necessarily do well in medical school but I believe that the UK system is generally more efficient and holistic in its approach of initially evaluating students.

Progress throughout medical school in France is only determined by written exams, largely based on clinical scenarios. Unlike UK medical students, our French counterparts never have their clinical or communication skills formally assessed. I often found that externes and internes had poor communication skills with patients when compared to more senior doctors, which perhaps reflects this gap in their training.

In their final year of medical school, French medical students sit a national exam which allows them to be ranked. It is based on this ranking that students are allocated to where they live and what speciality they do as an interne (and for the most part the rest of their career). How well students have done throughout medical school has no bearing on their allocation. It is obviously a lot of pressure and the final year medical students on my ward were very stressed about their upcoming exam. In the UK, we have the Foundation Programme which is followed by further professional exams as well as applications and interviews for specialty training. I believe that the UK system is better in this regard because doing well in a general medical knowledge exam does not necessarily mean that you would make a good doctor in a certain speciality of your choosing.

### **The Contrasting Medical Cultures**

The greatest difference I noticed between the UK and French medical cultures was the heavy presence of paternalism throughout both of my placements. I did not see many discussions with patients about their treatment and there was no obvious negotiation once a plan had been

decided. For me this was perhaps best evidenced by what happened when a patient did not want medical students in the room with her while she was being seen by the consultant on the ward round. He told her that he would not see her without his students being there and left the room when she repeated that she did not want students there. There have been several times when I have been asked to leave by patients in the UK and this is perfectly acceptable; I cannot imagine a consultant in the UK refusing to see a patient because they do not want a student present.

On the other hand, I think French hospitals make a greater effort for patient comfort than they do in the UK. Both of the hospitals I was in had a maximum of two patients per room and the rooms were to a higher standard to those I have seen in the UK. When doctors and nurses asked me about hospitals in the UK they were clearly very surprised when I said there could be up to six patients in a bay. I think a combination of the UK respect for patient autonomy and dignity and the French approach to hospital management would be ideal.

### **What I Have Gained from this Experience in Terms of:**

#### **Linguistic Development**

There is nothing like full immersion in a language to improve your language skills. I had a very good level of French before university and while I found it fairly easy to understand people when I first arrived I was shocked at how difficult it was to speak. I would say that the first three months were quite difficult, and often very frustrating. It was a very humbling experience to not be entirely understood and to be treated differently because you did not speak completely fluently. It did get much easier with time, but I think it is important to seek out learning opportunities while you are here as well because it is very easy to speak English the majority of the time or to not progress with your language skills.

I took the offer of being reimbursed for language lessons and signed up for a two week course at the Alliance Francaise. I decided to take a theatre based class because my weakest point was speaking. While my general French was better than many of the students it was very helpful to have someone correct me whenever I made a mistake. It made me realise that the problem with relying on immersion to speak French is that people do not often correct you in day to day conversations unless they completely cannot understand what you have said.

I also used the website [conversationexchange.com](http://conversationexchange.com) to find someone to practice French with in exchange for her practising English with me. I was lucky to find someone who is an excellent teacher and who actively corrected me and worked on helping me with pronunciation. I also thought that the language lessons on [about.com](http://about.com) were great for pronunciation, grammar, and day to day phrases and vocabulary. Overall, I think that my French has improved a lot since I first arrived.

#### **Inter-Cultural Understanding**

Following this placement, I feel that I have a much better understanding of French culture and there are many aspects that I feel I can learn from for the future. In France there is a much heavier emphasis on quality of life and spending time with family. I actually thought it was really nice that everything was shut on Sundays because it meant that everyone was out relaxing with friends or family instead of continuing to run errands like the rest of the week.

## **Future Plans**

My placement in dermatology here was incredibly interesting and engaging. I think it is the best preparation I have had for becoming an FY1 and it reaffirmed my love for the specialty. Following this placement I am much more certain that I want to pursue a career as a dermatologist, or to become a general practitioner with a special interest in dermatology.

I have always wanted to live in Paris and this placement has allowed me to do that. I am not sure whether I would want to work in the French healthcare system but I am very glad that I got to experience it. While I might not come back to France to work, this placement has really made me commit to maintaining/improving my French for the future.

## **Living in Paris:**

### **Housing**

I applied for a CROUS residence and lived at Residence Concordia in a shared room. I was initially very skeptical about sharing a room but it has been a very fun experience. The room has an ensuite and a mini kitchen and the layout meant that there was more privacy than I expected. Not all rooms in CROUS residences are shared, and it depends on luck of the draw. I was very lucky with my location (5<sup>e</sup> arrondissement), but when you apply for CROUS you can also end up as far as the 18<sup>e</sup>. I initially paid 300€/month, but with CAF it is actually 175€/month. I would definitely recommend applying for CROUS. Make sure to apply for CAF early so that your application can go through as soon as possible.

I brought a duvet, linen, etc. with me but if you need to buy these things Monoprix is a good place to look and is found throughout Paris. Tati is a very cheap French store that sells a range of things from clothes to house items. There is an IKEA near Paris and I think there is a free shuttle from Denfert Rochereau.

### **Transportation**

Both of my hospitals were about a ten minute walk from my residence and I did not buy a metro card because my residence was so central. Instead, I bought a Velib card for the bicycles that you can rent (like Boris bikes) and I cannot recommend this enough. It has been my main form of transportation and it has allowed me to explore Paris much more than the metro would have. With the Velib pass, you pay 29.99€ as a one off payment for the year and if you are under 26 you can 45 minutes free with each bike (just before this time is up you can change your bike for another).

If you do decide to buy a metro pass, the hospital will reimburse you for half the cost so it comes to approximately 30€/month. I decided to buy *carnets* (packs) of metro tickets for longer distances and used the Velib the rest of the time. There are many designated bike lanes throughout Paris, and while I made sure to take precautions, I felt safe on the roads.

### **Eating**

Paris obviously has a lot to offer in terms of boulangeries, patisseries, restaurants, etc. and you definitely find the good ones near you. For general grocery shopping Franprix and Carrefour are reasonable and found throughout Paris. Hospitals have canteens and you can buy

books of tickets for 3 course meals. Food quality ranged between hospitals the tickets I bought were 3.15€ or 2.20€.

## **Cultural**

There is a lot to see and do in Paris, and most are free for under 26s. In addition to seeing the large museums and obvious touristy places there are a lot of really nice parks and smaller museums. There are reduced prices for students at the Opera and at Comedie Francaise for remaining tickets before the shows start. I saw a ballet at Palais Garnier which was an incredible experience. I used two websites (doitinparis.com and lebonbon.com) to find out about festivals, nights out, and general fun things to do in Paris that were a bit less touristy.

## **Practical Issues to Keep in Mind**

Here are some remaining miscellaneous tips:

- Do not pack what you would usually wear to hospital in the UK (this was my first stage in France and I did not know you could just wear normal clothes)
- If you take the RER into Paris when you arrive, try your best to avoid changing at Chatelet even if it means changing another time at a smaller station - it is a maze at the best of times and made much more difficult with luggage
- Try to go to a AMPC (Amicale Medicine Paris Cordeliers) event early – they are like our MedSoc and the committee members are very friendly and it is a good way to meet other French students
- Get a library card – there are many libraries around Paris and they have a huge selection of books and it takes 5 minutes to register
- Open an account with BNP Paribas – Paris Descartes has a deal with them for their students so you do not pay fees. You will need to make an appointment though so either call ahead at a branch near you or go in as early as possible to avoid fees on your UK card
- Join SUAPS early if you want to play a sport – I took tennis while I was here and it was easily one of my favourite parts of the week. It was a great opportunity to make friends, speak French, and get better at a sport. The card costs 50€ and gives you access to any class you want (I took tennis and the occasional yoga class). You will need to have a physical beforehand that you need to book quite far in advance, however I was allowed to play tennis before the appointment came through.

## **Conclusion**

Overall, this placement has been an incredible experience. I thought that I had completely ruled out living in Paris when I decided to study medicine and I am so glad that I got to do the European Studies Programme. My language skills have improved tremendously since I have arrived and I will definitely seek similar opportunities in the future. I think that this has also been very good preparation for being an FY1 and a better doctor overall. Being in an unfamiliar environment as well as speaking a different language is a challenge, but I



definitely think that it has been worth it. This placement has been an unbelievable end to medical school and I would recommend the European Studies Programme to any medical student.

### **Useful Links**

SUAPS (sports): <http://www.suaps.univ-paris5.fr/LES-SPORTS>

Libraries: <http://www.paris.fr/bibliotheques>

Opera/Comedie Francaise: <http://www.operadeparis.fr/l-opera-et-vous/jeunes>

Velib: <https://aboen-paris.cyclocity.fr/subscribe/start>

Main site for hospitals: <http://www.aphp.fr/>

CROUS: <http://www.crous-paris.fr/>

Franglish : <http://www.franglish.eu/>

Conversation Exchange: <http://www.conversationexchange.com/>