

European Option Report

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Why I Chose to Study on the European Studies Programme

I did French up to A-levels and being from Mauritius I had been exposed to quite a bit of French culture. I particularly enjoyed their food and humour and I wanted to experience life in France, more specifically Paris. So when I was accepted to Manchester it was an easy decision to take part in the European option program.

Another reason that motivated me was that I consider doing humanitarian work at some point in my career. Being fluent in a second language is a great advantage when applying to organisations such as MSF.

Moreover being in France allowed me to see how the difference in culture affects the practice of medicine. These made me reflect on our practice here in the UK and how it could be improved.

Getting settled in Paris

i. Travelling to Paris

I choose to take the Eurostar to Paris because I thought it would be cheaper, easier and I would be allowed to carry more luggage. I have never been so wrong in my life. It was an absolute nightmare getting the train from Manchester, the metro in London, Eurostar and more metro in Paris before getting to my accommodation. For the return leg I got the plane from Charles de Gaulle and it was much less hassle. Just be aware that you have to pay a special fare (8-10euros) to travel to and from Charles de Gaulle airport using the RER. Or you can get the bus but it is a really long.

ii. Finding accommodation

I was given a student accommodation from the university/CROUS at Porte de Clignancourt which is in the 18^{em} arrondissement. I retrospect I wished I had not accepted it. I paid 493euros per month for an en-suite room with a kitchenette which was good value for money. However most hospitals associated with Descartes are found in the south of Paris (Porte de Clignancourt is in the north). Moreover it is possible to get an equally good if not better accommodation in the same price range in the southern part of the city; I would recommend Alesia.

If you do go through CROUS however be ready to do a lot of paperwork. First of all I had to go to Port-Royal at the CROUS office to sign the contract for the accommodation. Be warned they take long lunch breaks so aim to arrive early or after 14h00. After that I had to go to my accommodation which was not very close on the metro line to sort out more paperwork before I was given my keys and after a day of running around I finally had my keys.

iii. Opening a bank account

There were a few things I wish I knew before trying to open a bank account. For example most banks have their branches covering only one arrondissement. In essence it means that you will not be able to open a bank account in a branch unless you live or work in the arrondissement they cover. LCL and Credit Agricole turned me down because they refused to open an account for someone living in Paris for only 4 months and after yet another day of running around looking for a bank that would accept me; I finally managed to open a bank account with BNP Paribas. It took almost 2 weeks before I received my debit card and was able to deposit money into the account so this is something that I would advise sorting out in the first few days of you stay, particularly as you'll need a French bank account to get paid.

iv. Useful things to know

Get some passport photos taken before you fly to Paris. You will need them for everything. Travelling in Paris is pretty straightforward. Don't buy the t+ tickets if you will be using the metro, instead get a Navigo pass. It costs about 5 euros for the card and 70 euros for the monthly pass and it covers the whole of the city. During the weekends and bank holidays it is de-zoned meaning you can use the pass to travel on the RER to any zones from 1-5. It also works on buses. In general half of the cost of my navigo pass will be covered by your hospital if you show them your receipt and claim your travel bursary. So it is really good value for money.

Other things to bring:

- i. Travel insurance – That will be provided by the university in one of the lectures they hold for students going on Erasmus placements.
- ii. Elective insurance – either MDU and MPS will be at almost every single year 5 event next year offering you to join for free for your last year in medical school. Even if you don't want it for your foundation years it is worth signing for because beside the usual medical handbooks give you for free when you join they will also provide you with elective insurance cover. Just go on their website once you have a membership number and request one. Takes about 1-2 weeks to arrive by post.
- iii. Health insurance – Every student in the UK (including international ones) are entitled to the European health insurance card (EHIC). It's free of charge. Apply at <https://www.ehic.org.uk/Internet/startApplication.do>

It is better to apply for these in December as that will leave plenty of time for things to arrive in the post and also you don't want to be running after this paperwork in January when you have exemption exams.

iv. Finances

Life in Paris is expensive. Expect to pay on average 7-8 euros for a drink and about 20 euros for a diner in a relatively nice restaurant. We got paid 200euros per month for our placement. We also received about 1600 euros grant from the Erasmus program. This was given to us via a debit card which had been credited with the money. Although we got 70% of the money after the first month or so, the rest of the money was not credited to the debit card until we came back to Manchester. So do not plan your finances around this grant.

Hospital Placements

I. Neurology, Saint Joseph

Every morning started with the “interne” presenting the patients to the team followed by the ward rounds, usually led by the “chef de Clinique”. I was responsible for 3-4 patients. That meant doing all their administrative work such as ordering their investigations or chasing referrals for specialist input in their care. I also had to monitor their everyday progress. For example for patients admitted after a stroke I had to calculate their NIHSS score once or twice during the week to see if it had improved. I usually did this when my “chef de Clinique” was seeing other patients on the ward round or after the ward round ended. The mornings usually finished at about 13h00 although I had to stay later on some days.

I also had a chance to practice skills that would not be expected of a medical student in the UK. In my first week on the placement I was asked to do a lumbar puncture. I had never done one before and had not received any training in the skills lab either. However my “chef de Clinique” was very helpful and taught me how. By the end of the placement I was allowed to perform these unsupervised. I also had to do salivary gland biopsies as part of the workup for Sjögren's syndrome. While it's not a very complicated skill it can be very distressing for some patients as they bleed quite a bit during the procedure.

While I did not have much trouble understanding French in general the medical terms and abbreviations left me baffled at first. I found the college des enseignants website (www.cen-neurologie.fr) a very useful source of information for learning neurology in French and I needed it considering how much more in depth the French students learned medicine. For example they were expected to know how to interpret MRIs. But after a couple of weeks of seeing the relatively similar conditions and imagery and the medical terms that accompanied them I was more comfortable describing my findings and having a discussion with the doctors.

As a medical student I was also expected to take consent for transthoracic echocardiogram and trans-oesophageal echocardiogram. This is the kind of responsibility that we do not have in the UK and some students might not be comfortable doing it particularly in French. If this is the case I would suggest speaking to your senior about that. They usually tend to be more forgiving of Erasmus students not being able to do certain aspects of the job.

II. Urgences, Hopital Europeen Georges-Pompidou

My second placement was in the A&E department of the HEGP. Unlike the previous placement we had full day shifts. The department was divided in 3 sectors :

- Porte: sector where patients who had already been seen and were to be admitted waited until they were transferred to the relevant department.
- Long: sector where patients who were deemed for admission at triage were admitted.
- Court: patients for whom an admission was not expected. This is where we saw minor ailments and where most of the suturing was done.

My role was to see a patient, write in their notes my observation and discuss their management plan with a senior doctor. Unlike my previous placement I had less administrative tasks to do and could concentrate more on the clinical part of the job. Suturing and plastering were the main skills that I was expected to perform as a medical student. All bloods, blood gases, etc... were performed solely by the nurses. However it was still a more challenging placement. Because I saw a wider range of conditions I had to keep learning new terms to describe what I found. The history taking was also more difficult. Simple questions such as asking the patients to describe the character of their pain suddenly became more complicated when I asked them in French. This in turn affected my thinking process and getting the language right took enough of my focus for me to miss some important red-flag questions initially. However as the saying goes practice makes perfect and as I became more comfortable with taking histories in French I improved the quality of the information I got out of the patient.

I was surprised by the background of the people visiting the service. Despite Paris being a bigger city than Manchester the likelihood that the patient did not speak the official language was much less than in Manchester. Most of the time if someone did not speak French they would converse in English and the French doctors were relatively comfortable with that language. However in the rare instances where patients could not speak either language there were no translators or phone translation service available. The translation was left to a relative who was either present there or on the phone.

The hospital had good facilities for students. There was a library on site with access to computers for students. The cafeteria in HEGP was also very good. The cost of a 3 course meal was 2.30 euros. On a side note if you have chances do visit the salle de garde of HEGP if you have a chance. Usually you have to be accompanied by one of the doctors to go to the salle de garde. They have a strict ritual of touching the left shoulder of everyone in the room when they come in. Plus the paintings on the wall are quite interesting, very French in many ways.

Medicine in France

French medical education

There is a considerable difference in the approach to medical education in France. Medical students are expected to get more invested in the everyday running of the hospital. This allows them to learn the job as they go along in their medical student career whereas in the UK we only have the student assistantship to give us that experience.

The one thing I found amazing was that though they were offered a much wider range of placements than UK students they had less clinical exposure to the different specialities because they had only one placement every 3 months. . The topics they covered in their curriculum were divided across “poles” (3 months period). For example the French students from my first placement had to cover psychiatry, neurology, oral and maxillofacial surgery, otorhinolaryngology and ophthalmology. However their only placement during the “pole” was in neurology. But in the French system factual knowledge is the only criterion that really counts towards being successful. There are no OSCEs and no formal assessment of procedural skills. This is seen in their approach towards specialization. At the end of the 6 years of university they have a national exam called ECN (*épreuves classantes nationales*) which is a theoretical test spread over 3 days. Depending how well a student scores in those tests he/she gets to choose pick the speciality of their choice with the higher ranked being allocated their choices first. Compared to the UK publications, practical skills or evidence of interest in the field are not taken into account.

Healthcare professionals in France

In both placements I noticed the more paternalistic approach French doctors have. Rarely was a patient explained the different options available to him. Most of the time they were told what was best for them from a medical point of view and only if they refused categorically were other options explored. Although this might be an extreme case I remember one instance when the doctor told a patient off for refusing a blood test. The latter had come in with chest pain and had a blood sample taken for a trop T level. However the doctor wanted to add on a FBC and U&E which the patient refused. The doctor went on to tell the patient that it was not “Carrefour” (a supermarket) here and that he did not have a say in these things.

While I do not agree with this attitude it does sometimes speed up the process. For example the compliance of medication was very high since these were prescribed without discussing with the patient beforehand. This definitely saved time and might even have improved the outcome of certain patients who might have otherwise refused certain medication.

Another other big difference that I found quite startling was that most doctors and students alike did not seem to have heard about the concept of chaperone or patient confidentiality. On my first day in France I was given a handover sheet for the ward round. At the end of the sheet when I asked one of my fellow French students what I should do with it she thought I was joking. I was told to just throw it into the bin. It was something I felt quite uneasy about

given how back in the UK we this could have landed me in front of the disciplinary committee. Patients could also have their HIV status checked without prior consent which I find quite frankly appalling.

But my worse experience was when I was told to do ECGs on females or DREs and I was expected to do them on my own. When I asked someone to be my chaperone me they thought it was because I did not know what I was doing. However the relationship between patients and healthcare professionals is such in France that the former rarely question the practice of a doctor or student. In any case I tried to get chaperones as often as possible but it was not always feasible due to lack of staff. Quite a few times my concerns were just discarded and I was told to just do it.

Life in Paris

Finally my favourite part of the European option; the Parisian lifestyle. There are many things to do and see in Paris. First off it is a city with a lot of culture and history. You could spend the whole 4 months going to museums and art galleries and you would still not have seen half of it. Everyone knows about the Louvre and la Joconde.

Here are a few that I might add to the list:

- The Musee d'Orsay: famous for its collection of impressionist and post-impressionist masterpieces from the likes of Monet, Cezanne and Van Gogh.
- Les Invalids: resting place of Napoleon and having an impressive exposition on the two world wars amongst other military history exhibition of France.
- Picasso museum and muse du Quai Branly and The Petit and Grand-Palais which hold temporary exhibitions are also well worth the detour.

When you do get bored of going to museums and you will, there are several parks in which to have a stroll or a picnic in Paris. Parc de Vincennes is a nice one with a lake and if you feel like going for a walk you can start at bastille and go down the coulee verte which is a tree-lined walkway of about 5km. In the city centre I liked going to the parc monceau. It is walking distance from the arc de triomphe but it does not tend to be as busy as the more popular champs de mars, trocadero or jardin du Luxembourg. You also don't tend to get as many tourist traps there.

The one thing I found really annoying about Paris was the huge number of tourist traps everywhere. The most ingenious ones will try to get you to sign some sort of petition and then ask you for money. Or if you happen to go to Montmartre you might find yourself attacked (yes literally) by a group of people who will try to sell you pieces of strings to tie around your wrist. You would think they would put in a bit more of an effort into a scam. Beware of your personal belongings at all times too. It's not only on the metro or in a club that you will get them stolen. One of my friends got her bag stolen while we all sat at a terrace

There is also great food and drinks to be found in Paris. Tripadvisor, yelp and lafourchette are good websites to look for restaurants. One I really liked was one called Au Trappiste but that was mostly for its extensive beer menu (100 I think). And if you took a fancy to horse burgers then you will find plenty of horse meat in the supermarkets. The quartier latin has some nice places for couscous.

The nightlife in Paris is also good. The quartier Latin is my favourite place to go have a drink. As for the clubs they open later than in the UK and the parties really only get going at 01h00. Some places offer an open bar but beware what they serve as drink. And if you are not the kind of person into nightclubs there are other things to do at night. Theatres offer student priced tickets for 10 euros. Or Opera Garnier at Madeleine metro station have opera, ballet, etc... which sell on the same day for 10 euros.

If ever you get bored of Paris and want to go for a day trip I would suggest getting the RER to Fontainebleau. While the chateau is not as impressive as Versailles the actual visit is much more satisfying. It is nowhere near as packed with tourists and the visit lasts longer worth more exhibits than in Versailles. However the fountain show at Versailles is a must see. It costs about 10 euros. All the fountains are on for about 3 hours and the gardens are the most beautiful you will find in France.

There are also student groups which you can find on Facebook or through the university that will organise trips for you. I went on one to Normandy. On the Saturday we visited Mont Saint Michel, which apart from the actual village with the abbey was nothing more than tourist traps. We then spent the night in Caen and visited Deauville and Honfleur the next day. Our tour guide was a real pain though. His only goal was to get as many group pictures as possible and he quickly alienated most of the group. The seafood in Normandy is very good as is the cidre.

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Conclusion

Living in Paris for four months has been a great experience. I met new people with different ways of seeing and doing things. While I know now that I will never want to work there as a doctor I would not mind living in France again. Plus I got to spend 4 months on “electives” as opposed to just 2 months for non-Erasmus medics.