

European Option Placement Report

Choosing the European Option

The European Option greatly influenced my decision to study medicine at the University of Manchester. My first holiday abroad was to France, aged 9 months! Since then, I have been to be France almost every year since. I quickly fell in love with all things French: the diversity of the landscape, the people, the food and later the wine! I began officially learning French aged 13 in secondary school. I already had a grasp of the language after having spent many summers on holiday there with my family. I continued to study at A-Level French at Sixth Form College. At this point, I knew I wanted to do medicine but was sad at the thought of “dropping” French, an inevitable consequence if I did not continue French lessons. My tutor at college had heard of the European Option programme at the University of Manchester and thought this might be of interest to me. I was extremely happy as this meant I could combine my medical studies with my passion for France. During my gap year, I spent one month in Montpellier learning French. This trip confirmed my decision to apply to the European Option when I begun my medical studies.

My experiences in France

During medical school I have done two Student Selected Components (SSC's) in France. The first in A&E at Centre Hospitalier Universitaire (CHU) de Nîmes and the second in Anesthetics and Intensive Care at Hopital Européen Georges Pompidou (HEGP), Paris. I thoroughly enjoyed both these experiences, especially the latter. I decided not only did I want to return to Paris for my year 5 placement, but that I also wanted to return to HEGP.

HEGP is a large modern teaching hospital located in the 15th arrondissement (south west) of Paris. It has regularly featured in the news over the last few years, as it is the workplace of French surgeon Professor Alain Carpentier developed the first artificial heart. It accommodates hundreds of students from the L'Université Paris Descartes.

I am thinking of pursuing a career in either hospital medicine or paediatrics therefore I applied to study medical specialties at HEGP. I was very fortunate to be allocated my top choices: Medical ICU and Internal Medicine. I knew these departments would provide a good grounding for my foundation years, as I would see patients with a broad spectrum of diseases rather than being confined to a single specialty.

Medical ICU at HEGP

The medical ICU at HEGP is divided into three areas each with designated medical students, junior doctors and consultants. The role of the medical student in France is very different to that in England. In ICU, the students were each allocated patients that they would look after alongside the junior doctor and consultant. In general I would have 3 or 4 patients a day. In a typical day I would begin with handover from the night team, I would spend the morning seeing my patients, I would then have teaching for an hour before finally attending the handover/MDT where the medical

students would present their patients to the team and the doctors would subsequently discuss any ongoing issues and their management. This was a very intense placement for many reasons; firstly the patients were very unwell often with complex comorbidities. It requires a good grasp of physiology in order to understand the pathophysiology of many of the diseases. Good knowledge of pharmacology is also required as most patients were taking a minimum of 10 medications. Everyday during the ward round my consultant would pose questions to test our understanding of the problem. Despite having a BSc in Physiology, I often felt out of my depth and failed to correctly answer their questions. Secondly, medical students were expected to present their patients twice daily; first to their consultant on the ward round and then to the entire team at lunchtime. This was initially a very frightening experience however after a few weeks I got used to it. The lunchtime handover/MDT lasted around an hour, and provided opportunities to speak French, to pick up the language and to familiarise myself with some of the many French medical abbreviations.

For those that like teaching, this was an excellent placement. I had teaching at least once a day. Teaching mainly focused on elements of intensive care, but also on more general topics such as ECG interpretation, radiology interpretation, microbiology, pharmacology etc. Initially I was not overly keen to attend teaching, I had just finished my finals and was also worried I may not be able to keep up. However I grew to love teaching as I learnt a great deal especially as the consultants enjoyed answering questions and was always happy to explain things we did not understand.

Despite being extremely challenging at times, I would recommend this placement to anyone who enjoys medicine, physiology and pharmacology. I found it to be extremely rewarding. When patients arrived they were extremely unwell and in many cases made a remarkable recovery. However, you must be prepared to work hard!

Internal Medicine at HEGP

There is not an equivalent of Internal Medicine in the UK. It is a combination of general medicine and then specialties that do not have their own ward. These include hematology, rheumatology, dermatology, immunology and infectious diseases. It is slightly comparable to the American medical drama House. At HEGP, it is a large department with around 60 beds. The role of the medical student here was slightly different to that in ICU. We were split into teams of four each corresponding to a different unit of the department. As students we were allocated 4/5 patients each of whom we were responsible for, under the supervision of junior doctors and consultants. The best part of the placement was the variety of patients I saw. There was a large range of ages and diseases. I saw common illnesses like pneumonia and heart failure as well as much rarer diseases such as Still's disease, Guillain-Barre syndrome Woldenstrom's macroglobulinemia. The unusual diseases were things I had only ever read about in textbooks so were very interesting to see whilst the common illnesses provided essential experience in how to manage patients I will see everyday as a junior doctor. We had a ward round with a consultant twice a week where the students presented their patients. This was a great opportunity to

practice presenting histories and examination findings. Despite the presence of the consultant, this was always a fairly relaxed affair. The consultant would ask questions particularly in regards to our proposed management plan for that particular patient.

Accommodation in Paris

As I had previously done an SSC in Paris where I had stayed in university accommodation I was aware of the options that were available. I applied to university accommodation but for an unknown reason I was not offered a room. I decided to rent a room in a flat in Paris. There are many websites available to find a room in France but I decided to use AirBnB as I have used this website before and it had worked out well. Some websites require joining fees in order to search for a room whereas AirBnB is free. I rented a room in a flat in Issy-Les-Moulineaux. This is a lovely suburb just outside Paris in the Hauts-de-Seine department (92) that is home to families and young professionals. It is a 20-minute walk away from HEGP in the 15th arrondissement of Paris. It is also extremely well connected by public transport: I was maximum a 5-minute walk from the metro, RER, bus and tram. For me this accommodation was very convenient as I could walk to work and could easily travel to central Paris using public transport. As I was living outside of Paris, the rent was significantly cheaper (approximately 30% less than Paris). I specifically looked for a flat share with native French speakers. As comforting as it may seem initially to stay with fellow English speakers, I would discourage future students from doing this. I spoke to my flat mates exclusively in French, which provided an excellent opportunity to improve my colloquial French.

Medicine in France vs England

As already outlined the role of the medical student is quite different in France compared to England. In England, students do not have a specific role within the medical team, we are there for our benefit and the ward functions without us (especially in 3rd/4th years). In France, students have a very important role within the team. French medical students (myself included) are paid a small salary (around €200/month) for their contribution to the team.

Unlike in England, medical students are obliged to do a certain number of “on call” shifts. These consist of varying lengths shifts (minimum 12 hours, maximum 24 hours) where the student provides out of hours care for patients. I undertook several on call shifts and found them to be highly interesting though a little tiring at hour 23 of 24. Students are also paid extra for these on calls.

Medical education in France is also quite different when I compare it to the education I received in the UK. For a start, it is very easy to get a place at medical school in France but this place is only for the first year. At the end of the first year, all students must sit a national exam, which allows them to progress them into the second year. Unlike exams in the UK where greater than 90% of students pass, only 40% of students pass this exam at first attempt. Many students retake the entire first year whilst others make the decision to pursue an alternative degree. Once students

have passed this exam, their next two years of study are based entirely at the medical school. They learn the theory behind clinical medicine in a great detail, focusing on physiology, pathophysiology and pharmacology. Unlike our preclinical studies in the UK where we do PBL, students in France have a very traditional education where they attend lectures from 9-5 every day. The following three years (years 3-6) compose the "externat" where students work at the hospital in the morning and then attend teaching in the afternoon. At the end of the 6th year of study, all French medical students sit a national exam. Based on their performance in this exam, they are assigned to a town/city and also to a specialty. Students begin to prepare for this exam approximately 2 years before they sit it as it has such a profound impact on their future. If they do not score highly in the exam, they will not be able to work in their preferred region nor will they be able to pursue their preferred specialty.

In terms of medical practice, France is fairly similar to the UK with regards to its health service. France does not have an NHS equivalent funded purely by the state, however they operate a system whereby healthcare is paid for by insurance (mutuels) that everyone has. I did not fully understand the system however it is clear that all those in need of healthcare are treated. Patients that arrive in A&E are treated regardless of their insurance status. Several of my patients in ICU were unemployed and homeless and received the same level of care as those with insurance.

An aspect of French medicine that really took me by surprise was the sense of hierarchy. The medical students and internes are treated fairly badly by the seniors. I was fortunate as most of my consultants were very friendly, although I am told this is rarity. There is a lack of appreciation for the juniors, particularly the internes, who work at least one 24-hour shift per week. An example of when the hierarchy is particularly evident is during the ward rounds. In England, if a patient had particularly interesting signs on examination, the consultant would encourage students to examine the patient for example to listen to the heart to hear the murmur. However in France, students and junior doctors are not allowed to examine patients during the ward round. This seems ridiculous to me as students and juniors may never pick up vital signs when examining patients as the hierarchy prevents concurrent examination with the consultant.

The role of the doctor is also different in France compared to the UK. In England, we respect patient autonomy at all times by ensuring that we as doctors provide patients with sufficient knowledge to allow them to make decisions regarding their care. Unfortunately, France is behind the UK when it comes to respecting patient autonomy. When hospitalised in France, the doctor is completely in control of the patients care and they make decisions presumed to be in the patient's best interest. I noticed that patients are often overly investigated and this results in prolonged hospital admissions and consequently patients become fed up and want to self-discharge. Had they been given more choice in the first place, there would be fewer patients wanting to self-discharge. I found this very difficult to comprehend initially as it is very different from our practice in the UK. Thankfully, the fellow medical

students and junior doctors I worked with very much respected patient autonomy. They explained to me that they are hoping things will change with the newer generations of doctors who understand the importance of respecting patient autonomy.

My linguistic development

Before coming to Paris I was very nervous about how I would get by with my level of French. Despite having passed all my French exams in Manchester, including the DALF C1 in June 2014, I have never had any confidence in my spoken French. I was very much thrown in at the deep end when I began my first placement at HEGP. I was expected to see patients on my own everyday and then present my findings on the ward round and in the MDT. The prospect of presenting my history and examination findings to one consultant was terrifying, but the thought of presenting this to a room full of doctors seemed an impossible task. The first week, I was paired with another medical student so I could get the hang of things. From the second week, I presented my patients every day. The team was incredibly supportive and encouraged me when I struggled to find the words I wanted to say. My listening skills and vocabulary improved also greatly improved during my 8 weeks on ICU. I spent at least 1 hour a day listening to doctors discuss patients in the handover. By the end of 8 weeks, I felt confident presenting my patients on both the ward round and in the handover. The team understood me, which I found very satisfying!

As part of my placement on internal medicine, I was expected to clerk medical admissions in A&E before they were transferred to the ward. We were then expected to present our history and examination findings to the doctors on the ward. In the first week, I went with another medical student to familiarize myself with history taking in French. Despite having done 8 week of ICU, I had not had much practice of taking full histories, as most of my patients on ICU were sedated/could not communicate. Clerking admissions to the ward was initially challenging, however I was very fortunate as almost all of my patients were very understanding of the fact that French was not my first language. By the end of my placement, my French had improved to such an extent that when, during an on call, the consultant asked me if I could do my own ward round, I agreed. I reviewed 15 patients on my own and discussed any issues with him afterwards. This experience highlighted how much my French had improved during my 16 weeks in Paris.

My colloquial French has also greatly improved during my Erasmus placement in Paris. This is mainly due to living with French people, who I would talk to everyday (in French). Another aspect of my Erasmus that helped me to improve my colloquial French was my decision to go on a medics surf trip. Me and a friend from Manchester spent a week with 38 French medical students. We stayed in a bungalow with 5 French girls, where we spoke only French. They spoke very quickly between themselves and used lots of slang. I initially found it difficult to keep up especially when multiple people spoke at once. By the end of the week I could follow the conversations and converse freely. When I returned to Paris, my colleagues on the ward commented on how my French had improved.

Visiting France

During my 4 month Erasmus placement I took several weekend trips to visit France. The first trip was to Normandy where I stayed with some close family friends near the Mont Saint Michel. I recommend visiting the Mont Saint-Michel, it is an island commune in Normandy with a beautiful medieval monastery. The second weekend trip was to the Loire Valley, where we rented a car and did a tour of the chateaux de la Loire as well as the cities in the region (Angers, Tours, Orleans). The Loire Valley is a wonderful part of France, in particular the regions surrounding Tours, Amboise and Saumur. I would recommend exploring by car as the chateaux are spread out and tucked away in the middle of the countryside. The region is also an excellent wine producer, we did a "degustation du vin" (wine tasting session) where we sampled some of the local produce. Our final trip was to Lyon, France's third city and the gastronomic capital. We travelled by co voiturage (car share), which is an extremely efficient and economical way of traveling. Lyon lives up to its title of the gastronomic capital of France- the food was delicious, probably the best meal of my 4 months in France. We met some of the Manchester medical students who were doing their Erasmus placements in Lyon and were given the guided tour by the locals. This included: cycling along the Rhône, a picnic in Parc tête d'Or, having an apero on the banks of the river and getting lost in the old town (vieux lyon).

Future Plans

I have yet to make formal plans, but I know I will return to Paris as soon as I can! I made lots of friends there so will definitely return to visit them. In terms of working abroad, I am unsure at this stage as to whether this will be feasible. To work as an intern in France you must sit the national exam called the ECN (Épreuves classantes nationales). Due to the differences between French and English training systems, it is necessary to complete a specialty-training programme in either England or France. I think I will either go to France for a so called "FY3" as a sabbatical year before I begin my specialty training programme or I will work in France once I have fully qualified in the UK.

Practical issues and tips

- Much of the university accommodation does not have Wi-Fi. This means if you want to use the internet, you will need a laptop and importantly an Ethernet cable.
- French medical students/junior doctors do not perform skills like bloods, cannulation, and catheterisation. So try and get all your UPSAs signed off before coming to France as there will not be many opportunities to get them done.
- The best way to get around in Paris is by public transport. The navigo pass allows access to the metro, buses, RER and tramway. It is currently €70 a month for zones 1 and 2 (which covers Paris and the immediate suburbs). Confusingly, a monthly pass does not begin from the day you buy it! It is activated from the 1st of the month. When you buy it, make sure you get a

receipt as your hospital may reimburse 50% of the cost of the pass (If you are fortunate enough to study at HEGP, they reimburse you 50%).

- Tutoiement et le vouvoiement. The French are very hung up on how they address people. A few simple rules: patients- always VOUS, colleagues- seniors always initially VOUS, unless they tell you otherwise!
- If you want to use your phone in France I recommend getting a French sim. I got a Free Mobile sim card. I took out a €20/month contract which gave me unlimited internet, calls to French numbers and UK landlines and unlimited SMS to French numbers. This can be cancelled at any time. If you do not require the internet on your phone, Free Mobile offer a €2/month deal which is for calls and texts but without internet.
- A great way of exploring France is by car share. The French are Europeans in general use it a lot. You book an individual seat in someone's car and provide the driver with a unique code at the end of the journey, that the driver needs to get paid. The company is called blabla car. (<https://www.blablacar.co.uk/>) I have used it around 10 times now and have only ever had good experiences. Also a great way to get to know people!