

Between the 27/01/2014 and the 16/05/2014 I had the opportunity to pass three placements as an Erasmus student in Lyon, France, as part of the European Option scheme Manchester Medical School offers.

### **European Option**

To be perfectly honest I didn't know about the European Option scheme when I applied to Manchester. I chose Manchester largely based on location and its reputation as a medical school. Finding out that it offered an integrated language component was a pleasant surprise as I had taken French to A2 level and got a good grade. I wasn't doing many extracurricular activities and I knew how useful they are later in life and so I decided to enrol. Although midweek language classes are difficult to juggle with medicine, particularly in clinical years, ultimately I can say I am glad I did them and saw them through to the end. Having two language diplomas, having worked abroad and having a slightly different degree will all help me to stand out from the crowd later in my career. The personal experience was amazing and I am immensely proud to be able to speak a second language. For my European Option placement I had my heart set on Lyon from the start. I'd been to Paris many times and never been that impressed by it, plus I felt that it would be a lot harder to have an authentic experience in such an imposing city. Every account of Lyon I heard or read referred to it as a hidden gem, mystifyingly underrated by the millions of tourists who descend on France every year. I expected it to have slightly better weather, being a bit further south, and being in the centre of France it was well placed to explore the rest of the country, with the Alps, Lake Geneva and the South of France all within striking distance. Claude Bernard University (UCB) was described as one of the best in the country. All in all, it was by far my first choice and I was delighted to be allocated it.

### **Lyon**

Lyon is a reasonably large city situated in an area of outstanding natural beauty, sprawled across two rivers, the Rhone and the Saone, with the Alps visible to the east. The modern heart of the town lies between the two rivers at Presqu'île, so named as, flanked by both rivers, it almost resembles an island. The charming old town (Vieux Lyon) stretches from north to south at the foot of Fourvière hill, with its striking basilica which can be seen from across the city. Adjacent to Fourvière, the "hill of worship", is the "working hill" of the Croix-Rousse quarter, a ziggurat of former silk factories, previously manned by les canuts (silk workers) which now serve as apartments to the area's

bohemian residents. The two hills are permeated by a series of traboules, old passageways leading to the river which were previously used by the cities working class for rapid travel up and down the hills. The east bank of the Rhone is the city's commercial and transport hub and is also the location of most of the buildings of the cities three universities, in addition to the grand Parc de la Tête D'or. The rivers flow south and meet at Confluence, formerly dockland and factories, now renovated in a similar fashion to Salford Quays.

The city is known as the gastronomic capital of France, being the home to legendary chef Paul Bocuse. It specialises in bouchons, which are rustic and convivial establishments offering local produce with a heavy focus on offal. Many of the dishes are an acquired taste to the average Brit, with specialties including a sausage of pig intestines wrapped in mesentery and veal head. But the city provides excellent examples of most cuisines and high quality local Côtes de Rhône wine costs less than €6. The city also has a thriving arts scene, with regular music festivals and arts and crafts markets.

### **Bureaucratic Hell**

We arrived in Lyon on Saturday 25th January 2014. We had been allocated rooms in one of the university residences, but unfortunately it was not possible to take our rooms at the weekend, so we found a cheap hotel for the first weekend and passed a glorious weekend exploring all the sites, whilst eating everything in sight.

On the Monday we attempted to take our rooms in the Mermoz residence, only to find that one of our allocated rooms was not available. We were therefore switched to another residence, slightly more expensive, called André Allix.

Sadly this would not be the last time French bureaucracy would represent a stumbling block. The French have something of a reputation for exigent bureaucracy and I would love to say that our trip dispelled that stereotype. Unfortunately this was not the case. In our experience, paperwork is ample, poorly explained and must be precisely completed, and assistance and politeness are rare. We were informed we would have to pay the entirety of every month we intended to stay, including the January (a full month's rent for a handful of days). This was not made clear to us before arriving and is something to consider if you are living in halls. Dates for things such as changing bedding are inflexible and non-negotiable. From time to time the staff seemed to decide something else needed

to be paid for without it having been made clear; for example we were told room insurance was mandatory about 5 weeks in and were threatened with eviction unless we immediately went and bought some. The office itself only remained open until 4pm, which is utterly useless when you're at the hospital until 5pm.

The difficulties are not only limited to living arrangements. The faculty also requires a variety of documents to be presented, accepted and signed for. A list of required documents will be sent to you (if it is not, ask for one), for your own sake make sure you have everything on the list and copies of anything important. Expect all this to take at least a full day; in the case of two of my colleagues it took about four as there were difficulties pertaining to vaccination history and professional indemnity.

It's a shame to begin my report with negatives, but the point I want to stress is to prepare for this. Bring everything they ask for, plus anything else you can think of, read everything very carefully and despite all this, expect things to be difficult. Once you get these things out the way you can start to enjoy yourself.

## **Halls**

The halls themselves were very basic. The room had a single bed, a desk, some small shelves and a cupboard. The kitchen was poorly equipped, with two hobs and a microwave. In André Allix we had a fridge in our rooms; at Mermoz there is no fridge at all. The plus side is halls are very cheap (even allowing for the routine extortion the office seemed to enjoy), but I would say if money is no object, find a collocation (house share). Halls are between €160-200 a month whilst a coloc would be at least €400 a month unless you get very lucky.

Halls were reasonably social. Personally we didn't make that many friends in our own halls but that was largely because we had friends in other places; it is certainly possible to make friends. French students have more of a tendency to keep to themselves though. Many French students live at home as they don't receive maintenance loans like we do, and generally university is less socially orientated than in England. You will probably have more luck with other Erasmus students.

Despite the drawbacks we were reasonably satisfied with halls. The low cost meant we had more money to enjoy ourselves in other areas. We were fairly close to the city centre, although Mermoz is

a little further out. We organised ourselves and became masters of one-pot cooking and as such did not eat poorly at all during our stay.

In terms of finances, we received an Erasmus bursary of around £1300 to support us during our studies. You can also enquire as to how to apply for the CAF, which is funding the French government offers to students to help pay for their accommodation, although we did not apply for this because we did not want to open a French bank account, which is a requirement.

### **Stages and the French Medical System**

Placements (for whatever reason we referred to placement by the French word *stage* even when speaking English. You'll find a couple of French words slip into your English fairly easily sometimes) last between five and six weeks and are allocated by preference before your arrival. Medical students at UCB are organised into two faculties; Lyon Sud and Lyon Est, although this doesn't have a tremendous impact on your daily life. You will work alongside French students of all clinical years (years 3-6).

Departments (*service*, another word we routinely used as the term encapsulates the ward, the department and the clinical team) are staffed by both doctors and nurses, as in the UK. However, the hierarchy of doctors is very different to that of the UK. Each service is headed by the chef du service, the most senior doctor. Sometimes there are also assistant chefs du services. After that, there are many doctors of, to my understanding, indeterminate grade. There is generally a lack of middle grades. Most of them are referred to as praticiens hospitaliers who are fully trained doctors resident at the hospital. There are also assistants du service and assistants du clinique who are more senior than an interne. Internes are newly qualified doctors, in their first five or so years after medical school, depending on their speciality. They occupy a role roughly in-between an FY2 and an ST1 and commence specialist training immediately after university. Finally, the students take their place as externes.

The role of an externe is largely administrative. Common tasks include sending faxes, filling out request forms for examinations, chasing up results and organising patient notes (dossiers). Additionally externes on the ward will share the responsibility of clerking in new patients (entrées), usually in the afternoon. This involves writing an *observe*, which involves taking a history and a clinical examination, usually with an ECG. This is good practice, but you are never supervised in doing

this and you are often not given feedback. In many cases the interne go over most of what you did again.

Most placements will also offer teaching alongside the placement, because French students frequently sit exams. In addition to this French doctors have a high level of knowledge and normally are happy to answer questions you have. Being inquisitive is probably the best way to maximise your learning.

Typical Structure for a French <i>Observe</i>	
Motif d'hospitalisation	Reason for admission
Medecins correspondents	Corresponding doctors
Antecedents (Medicaux, Chirurgicaux, Toxiques, Familiaux)	Past medical and surgical history, smoking/drinking/drug history and family history
Traitements habituels	Regular medication
Allergies	Allergies
Mode de vie	Social history (n.b. smoking/alcohol come under antecedents)
Histoire de la maladie	History of the disease (this is wider reaching than "history of the presenting complaint". It is anticipated that the documentation includes a summary of the key events since diagnosis, which may necessitate a perusal of the notes.)
CAT (Conduite à tenir)	Plan

The path for a medical student is very different in France. Anybody can enter medical school and follow a year of studies common to many healthcare professions such as physiotherapists. At the end of this they sit a *concours*, which is exam which ranks all the students by their results. Only so many places are allocated by order of rank; the rest are not permitted to continue and cannot resit. After this, students do two more years of pre-clinical study and then three years of clinical study, so spending 6 years at medical school. At the end of their sixth year they sit another *concours*. This ranks them again and the students are allocated their jobs based on their rank. If they are low ranked, they will have very limited opportunities. They then begin specialist training immediately as

an interne, usually within the same city they attended university as there is no national application system.

If I am wholly honest, at times I was disappointed with my placements from the perspective of learning medicine. I felt that far too much time was spent on administrative duties. This is of course good practice for being a foundation doctor, as many of the duties an externe takes on would be done by the FY1 in the UK. But I felt doing this meant spending much less time examining patients and thinking about cases which is the most important thing for a student in the UK to be doing. Teaching was good but usually no more than one hour a week.

The French system is paid for partly by the state and partly by social security in a ratio of about 70:30%. I had to attend A+E with a friend as a patient and it is really very strange to be asked about payment methods as you leave a hospital with your friend still feeling unwell. From the patients point of view it does seem to function very well. There are fewer medications restricted by cost; it was more common to offer the new anticoagulants such as dabigatran to patients rather than warfarin, for example. There is also more of a focus on diagnostic tests, ranging from increased use of MRI and almost universal use of CT scans, to simple tests for Strep. A tonsillitis to avoid overtreatment.

### **Medical Oncology**

My first placement was medical oncology at the Centre Hospitalier Lyon Sud. It was comprised of a *hospitalisation conventionnelle* ward, which was essentially a standard inpatient ward and a *hôpital du jour* which was a day case unit. I was on the *hospitalisation conventionnelle*. This placement was fairly quiet. The ward had 12 beds and cared for a mixture of patients presenting with acute complaints associated with cancer and its treatment and for patients receiving chemotherapy over a number of days. There wasn't an abundance of work to do; we would see perhaps one *entrée* a day which I would usually see with the one other French student. There was also a daily ward round (*tour de service* or *visite*) but generally there wasn't a lot of questioning of students. There was weekly teaching, which was very good, but the *réunion de concertation pluridisciplinaire* (MDT) held every Thursday was very hard to follow, lasting the entire morning and usually involving a lot of talking and technical information. It was also possible to attend clinics (*consultes*).

It was, on the other hand, quite nice to have a fairly quiet placement to start off with, to allow myself to orientate myself and start to get used to interacting with French healthcare professionals. The team was very friendly and there was a designated doctor for looking after externes; the *chefs du service* are not always easy to find. The nature of the placement was highly scientific; it was very much focused on the delivery of chemotherapy, which I found disappointing as I prefer the interpersonal, more human side of oncology, but if you enjoy that type of thing you can learn a lot. Medical oncology was something I was considering doing in the future but now I realise it is not for me and I am now more strongly considering palliative care, so from that point of view it was an illuminating experience.

### **Internal Medicine**

My second placement was in internal medicine at L'Hôpital de la Croix-Rousse. This was my favourite placement as it was by far the busiest.

Internal medicine isn't a common speciality in the UK but is very common in France. It pertains to complex systemic medical conditions, often endocrine or rheumatological in nature. Doctors who specialise in internal medicine are regarded as amongst the most intelligent and high achieving doctors in France.

Again there was a *hospitalisation conventionnelle* and a *hôpital du jour*, as well as a *hôpital de semaine*, which was for prebooked in patient hospitalisations of up to a week for things such as monitoring of new treatment regimens or for patients who required a diagnostic work-up (*bilan*, a very commonly used word in French medicine) including blood tests, imaging and other diagnostic tests (often referred to as *le plan paraclinique*, everything that leads to the diagnosis outside of the history taking and clinical examination).

This ward was much busier. We would see between two and five *entrées* a day and although there were as many as 8 students on the ward, there were 24 patients so each would be responsible for at least 3 patients. This meant seeing the patient each morning, seeing how things were and performing a quick examination, and then chasing up any outstanding results and presenting any issues to the internes. This was good experience. There were two ward rounds a week with more focus on questioning internes and it was anticipated that students would sometimes present their patients on the ward round, but there was no organised teaching.

I was also able to see quite a wide variety of clinical skills on this placement. When they arise, it is very much accepted to allow medical students a go at difficult skills under supervision, and I was able to perform my first lumbar puncture in addition to ECGs and arterial blood gases. I also witnessed a punch biopsy and a bone marrow biopsy (carried out by a French student, which I was fairly amazed by).

### **Infectious Diseases**

My final placement was infectious diseases, again at Croix-Rousse.

This was another quite quiet placement. The ward cared for about 18 patients but many of them had multi-drug resistant (MDR) tuberculosis and so students weren't allowed to enter those rooms, and were not allowed to perform skills on others with diseases such as HIV. One of the more interesting aspects of this placement was the varying degrees of infection control taken, from gloves and aprons through to filter masks and a full isolation room capable of quarantining extremely dangerous, infectious diseases, terrifyingly including febrile haemorrhagic viruses such as Ebola. The only laboratory in France capable of processing potential Ebola samples is in Lyon and we actually had a suspected case of Ebola during my time at the placement, which was fairly exhilarating, though thankfully it was confirmed to be a false alarm.

Otherwise things were a little more mundane. The majority of the work was administrative and there were four students, when I would say there was more than enough work for two. This meant opportunities to do more interesting things often went to the French students. I was still able to see a good number of patients and clerk them in though. There was teaching once a week and clinics. I spent most of the time on the *hospitalisation conventionnelle* but I was able to spend one week on the *hôpital de semaine* where I was the only student and so was much busier.

### **Culture and Language**

On the other hand, my language skills developed enormously during my time in France. To put it into perspective, in Manchester you have two hours of teaching a week for twelve weeks during the semester. That adds up to 24 hours of teaching, plus your work outside of class. In France, you'll spend around 12 hours a day speaking French, at least. I lived with an English student and spent a lot



of time speaking English with him and still spent most of my time speaking in French. You'll match the number of hours speaking French in Manchester in two days. In addition, you'll be speaking with native speakers and you'll really get a sense of how a French person naturally talks. There is vocabulary you will only find in France and the usage of words you thought you understood will become a lot clearer.

French culture is very distinctive. They drink in a certain way, eat in a certain way and interact in a certain way. You'll find that the aspects you like will still merge with your own culture. For example, the French enjoy eating together and eating proper meals. At the hospital, you eat in the hospital canteen (the *SELF*), usually a three course meal with the whole team, finished with coffee. Staying in the office and eating a quick sandwich is unheard of. The French enjoy going out for drinks in the evening but you won't often see people stumbling around, lying in the gutter or vomiting. They drink much more slowly, savouring it, frequently sitting outside. Most bars have a heated terrace. Smoking is as common in France as the stereotype, it feels almost universal. Be aware as well, the French work hard but there are certain times they just do not work at all. On Sundays, almost everything is closed, and often on Mondays too, and there are numerous public holidays, some of which mean there is absolutely no public transport.

From what I've written so far I probably don't sound as though I was overly enamoured with the Erasmus experience, but let me tell you now, living abroad was wonderful. Lyon is just beautiful and I am so immensely proud that I was able to live there for four months, without returning home, speaking French every day. I made incredible friends that I believe I will keep for life. I have a richer understanding of what it means to be a European and a global citizen, but also what it means to be British. We should be proud of our place in Europe, distinct as a nation but heavily involved. I met people from countries I've never met before, swapping bits of languages and chunks of cultural quirks. You will be amazed at the number of languages people from other countries can routinely speak, slightly abashed that in Britain we don't encourage it as much but simultaneously proud that you can speak at least one other.

### **Impact on my Future**

Before I headed to France I had already decided I was going to move away from Manchester for my foundation years but going really made me believe even more in that course of action. I realised that to move away from your comfort zone and try new things is an essential part of progressing and that

you can carve an enjoyable life out for yourself and make friends even in strange situations, with barriers such as language and culture.

In terms of whether I believe I could live abroad permanently, I think the placement has led me to conclude that I do not wish to. But that is a very personal decision and there are many aspects I found in favour of moving abroad (not least the better weather). The idea of moving to a different country, getting a bar job and socialising a lot is very tempting but that's not the career I want, I want to be a doctor and I want to work for the NHS. I believe wholeheartedly in a system that is free at the point of care for all patients. I also believe there is more structure to our training, with much more clarity regarding middle grades. I think the lack of choice and reliance on the *concours* for the French students is overly exigent and I like the extra freedom to move between locations and choose specialities we have in the UK. We also seem to be better paid at lower grades.

## **Conclusion**

My European Option placement in France was amazing and I wouldn't swap it for anything. I improved enormously at my French and take great pride in it, I made amazing friends and lived in a beautiful city. The work is challenging and sometimes a little unproductive but there are things to be taken away from it. I highly recommend the Erasmus placement

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## **Websites**

leboncoin (Classifieds, for accommodation) – [www.leboncoin.fr](http://www.leboncoin.fr)

AirBnB (For accommodation) – [www.airbnb.com](http://www.airbnb.com)

CAF (For housing benefits) – [www.caf.fr](http://www.caf.fr)