

# My IFMSA exchange in Alcalá de Henares, Madrid, Spain - 2017

## Expeditions Fund Report

### Sophie Hoque

I spent August 2017 in Spain on a clinical clerkship. I was placed in Hospital Universitario Principe de Asturias in Alcalá de Henares, Madrid and attached to the anaesthetic team. This was organised through the International Federation of Medical Students' Association's (IFMSA) medical student exchange programme. While I am enthusiastic about global health and intrigued by how different cultures, societies and individuals interpret disease, I would not have applied for the programme if it were not for my flatmate convincing me (she was the Local Exchange Officer for Barts last year). This is because I found the idea of travelling by myself and spending a month abroad in an unfamiliar setting particularly daunting, especially having predominately holidayed within the UK growing up. However, I am thankful she convinced me as it was by far the best Summer I've had.

On arrival to Madrid airport, I was met by my contact person, Lourdes, who drove me to the flat I stayed in in the centre of Alcalá de Henares (locally known as Alcalá), where I met my two flatmates also on the exchange. Alcalá is a city 35km North East of Spain's capital, Madrid. It is however in the Community of Madrid with excellent transport links to the capital city. I was eligible for a young person's public transport card which only cost €24 for the month! This covered transport around Alcalá (buses), transport to Madrid (40 minutes by bus or train), transport around Madrid (metro) and even buses to cities further afield such as Toledo. The hospital was about 5km from our flat, to which I travelled to and from by bus.

On my first day at the hospital (pictured on the right), I was introduced to my consultant who introduced me to the anaesthetic team. I was welcomed with open arms and provided with a locker in the changing rooms; this may seem like something small but it made me feel like I had a place in theatre. I was assigned to a resident who spoke excellent English, having attended English school in Spain.



My days tended to last from 9am-3pm, of which I spent most the time in theatre. I learnt a lot about anaesthetic drugs, the different routes of administration and the stages of anaesthesia. I saw a variety of operations including thyroidectomies, mastectomies, myomectomies (to remove uterine fibroids) and various colorectal procedures. The surgeons would often take the time to explain the operation they were carrying out. While my theoretical knowledge increased, I did not necessarily improve my clinical competence as much as I had hoped. While I carried out dose calculations, drew up drugs and assisted the anaesthetists in waking up patients when directed, for example, by holding the oxygen masks on patients, I could not communicate with patients as I do not speak Spanish. While the patients were aware I was present as this had been mentioned when they were consented for surgery, I did not cannulate them as I was unable to directly consent them and I felt it may have taken unnecessary time to ask the doctor to supervise/translate. The language barrier also made it difficult to understand what was being discussed between the team during operations and it was difficult to know what was going to

occur next or how I could assist, for example, in moving the patient. While I attempted to learn some Spanish before the placement, it was nowhere near enough. Additionally, I became lazy as my resident spoke perfect English and all exchange students communicated in English; to be eligible to participate in the IFMSA exchange in Spain, it is necessary to speak fluent English but Spanish is not required. If I were to do the exchange again, I would have lessons in the appropriate language before travelling and make a better effort to communicate in the native language during the exchange.

Practical skills are one of the primary focuses of medical student education in the UK. While it was my choice not to ask my resident to translate/supervise me cannulating a patient, he did not offer me the option of cannulating a patient. This contrasted to the week I spent with the anaesthetic team in Newham hospital where anaesthetists would encourage practise of clinical skills including cannulation and intubation. This perhaps reflects the difference between medical school in the UK and Spain. Medical students and doctors in Alcalá suggested that medical school in Spain was predominately focused on learning theory, with finals of medical school involving a written exam and no practical stations. My contact person, like myself, had just finished her third year at medical school but had spent 4 weeks on hospital placements as opposed to my 27 weeks. While this suggests a difference in teaching style, medical school in Spain, like most European countries, is 6 years long as opposed to 5. Furthermore, the specialisation pathway after medical school differs in Spain; there are no general medicine/surgery foundation years, instead you apply directly to speciality training. Speciality training in Spain takes 6 years to become a consultant, regardless of what speciality it is! In the UK speciality training for anaesthesia is at a minimum 8 years after your two years of foundation training.

One of my aims for the exchange was to compare the Spanish health system to the UK health system. Like the UK, Spain has a national health service funded predominately through taxation, free at the point of delivery with the exceptions of prescriptions for under 65s which require a 40% co-payment. Of course, many people of working age in England pay for their prescriptions too although this is a flat rate of £8.60. 71% of the total health expenditure in Spain was public health expenditure in 2014 compared to 83% in the UK. Interestingly, 24% of Spain's total health expenditure was from out-of-pocket payments in 2014 compared to 10% in the UK <sup>[1]</sup>. While this is partly a reflection of prescription costs, it may also be because more people in Spain turn to the private health service. My resident suggested that waiting times for elective secondary care in the Spanish national health service are longer than in the UK. If a patient is referred from primary care for a non-urgent scan, for example, for shoulder pain, it can often take a year to access the investigation through the Spanish national health service. Hence, some patients will get scans from private health providers and bring them to public sector providers to access treatment.

Ultimately, the financial sources and organisation of healthcare services in Spain and the UK are similar. However, there were differences I picked up around the hospital. The most obvious being that in Spain, healthcare professionals wear gloves to examine patients whereas in the UK, we wash our hands (unless there is a risk of coming into contact with bodily fluids/drugs in which case we use gloves as well). This meant alcohol gel was a rarity around the Alcalá hospital. Initially, I found this disorientating but I addressed my observation with my resident who explained when it was appropriate to wear gloves (essentially when I would wash my hands in the UK). Other smaller differences were noted; in Spain, it is common practise to carry out endoscopy under

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<sup>1</sup> **References** The World Bank Data. (2014). *Health expenditure*. [online] Available at: <https://data.worldbank.org/indicator/SH.XPD.PUBL?locations=ESGB> [Accessed 29 Nov. 2017].

general anaesthetic as it is more comfortable for the patient, however, in the UK only 'difficult' patients receive general anaesthetic because of the risk it comes with. Furthermore, patients are woken up in the operating theatre in Spain as opposed to the anaesthetic room. These differences have encouraged me to question why we organise healthcare the way we do. It is not to say one way is better than another.

Of course, my exchange did not purely entail my clinical placement. There was the social side too! While there were only three people placed in Hospital Universitario Principe de Asturias in Alcalá, we contacted the Madrid Complutense University incomings (of which there were over 20) so we regularly met up with them. Our contact persons and hospital residents would often advise us on where to go and what to see. Being in Alcalá meant I got the best of both worlds; Alcalá is a cheaper student city to live in than Madrid - tapas (a drink and snack) can be bought for €2.70 which is unheard of in Madrid. Nevertheless, with the young person's public transport card, we regularly travelled to Madrid and explored all it had to offer including its museums, attractions and entertainment! Furthermore, being in Alcalá meant my flatmates and I had wider social opportunities than the exchanges living in central Madrid; for example, we went on a day trip to a lake in Guadalajara with students from Alcalá university and attended free Spanish dance lessons weekly with our contact persons. Below are some pictures from my socials and travels:

On the first weekend, we went on a day trip to Toledo, the previous capital of Spain; even in the 40°C heat, this was by far my favourite city in Spain.



With five other medical students, I organised a weekend away to Granada, a city in southern Spain I had not heard of before the locals recommended it. Here we visited the Alhambra, one of Spain's most famous national monuments.

One Madrid Complutense incoming student was from Salamanca and organised a weekend to Salamanca where we explored the city, ate the most phenomenal tapas and took one of the incoming students from Japan on their first night clubbing!



Around Madrid:



Of course, while the places I visited in Spain were amazing, it was the people that made the experience incredible! I have made some friends for life.

Overall, the exchange was an incredible experience. I increased my medical knowledge, experienced another health system, learnt about different cultures from around the world as the exchange students were from many different places, had the opportunity to travel and made some friends for life. Learning from my experience on the exchange, I will ensure to do my elective in an English-speaking hospital or put more effort into learning the native language. I would like to take this opportunity to thank the QM expedition funds for supporting my adventure. It is because of my experience on the exchange that I am now the Local Exchange Officer for Barts so I will continue to be involved with IFMSA exchanges!