

# Expedition Fund Travel Report: Germany

As a medical student at Barts and The London, I have had multiple very exciting and inspirational placements throughout my 4 years as a medical student. In the summer of 2018, I decided to embark on a 4 week, exchange programme to do Anaesthetics and Intensive Care in Halle University Hospital (Saale).

I had applied to do this exchange through the International Federation of Medical Students Association (IFMSA). My own personal aim of the trip was, not only to experience another healthcare system. I was also interested in learning about general life in Germany, I specifically was interested to observe what dynamics had developed following the surge of refugees into Germany, both on normal day to day life and in the hospital. This was the first time I would travel alone, to a new country where I knew no one. Initially I was confident and excited, when landing at Berlin airport, despite my bravado, I was very nervous as soon as I had arrived at Halle (Saale), a 2-hour bus ride from Berlin. Despite not knowing what to expect, I found it easy to adapt to German lifestyle and culture, however due to the fact that I didn't speak much German, I often found that I functioned with a set baseline of uncomfortable unease during my time abroad.

I spent my first couple of days traveling around the east of Germany, including Berlin and Leipzig and becoming accustomed to Halle. I met 7 other students also doing an exchange in other specialties within the hospital and countless German



Myself and some of the other exchange students at lunch

medical students that were very welcoming.

My placement started with a day in the hyperbaric chamber. Hyperbaric medicine, in Germany, is used not only to treat decompression sickness, but is also used in conditions such as gas gangrene, chronic ulcers, radiation injury and neuro-rehabilitation, which are not applications that I had come across in the UK. During my medical degree, so far I have never seen hyperbaric medicine in practice. This was a valuable opportunity to learn about a less common (and possibly more controversial) specialty.

For the remainder of the placement I spent each day at the hospital with a new anaesthetist, spending most of my time rotating around theatre rooms, visiting each specialty. During the placement, I also spent some time in Intensive Care and the maternity unit. Each day I was assigned to a different anaesthetist. Rotating through the department and working with different anaesthetists allowed me to sit in and be taught by

anaesthetist who are at different levels of their training. This was extremely valuable. I remember one first year anaesthetist going through all the biomechanics and physiology during respiration and what needs to be considered when intubating a patient. Some of the more experienced anaesthetist exposed me to the more difficult parts of anaesthetics, including the role of anaesthetics in emergency medicine and obstetrics (where I got to see specialist procedures like laser ablation of placental vessels in twin to twin transfusion syndrome).

I also spend time in the Intensive care unit where I observed and performed (under strict guidance) some procedures. During my time in Intensive Care, I met a critically ill patient that had been brought in following a house fire. The patient had a surgical airway (cricothyroidectomy) already in situ when I first saw her and was ventilated and sedated for 4 days. The patient was an immigrant and did not speak German or English. The cricothyroidectomy also made her voice almost inaudible. I quickly found myself becoming a vital role in keeping her comfortable once she awoke. Between the mornings ward rounds where a Arabic speaking doctor from a different department would translate any important updates for the patient. I found myself as her main method of communicate with the staff. I would pass by her room twice a day to make sure she was comfortable. This experience highlighted the wealth of good communication. At many points, she has stated that our chats and the simple act of me checking on her each day, was more helpful than any other medical intervention for her mental wellbeing. Initially this was difficult to believe as I had worked extremely hard throughout medical school to improve my medical



Myself and some of the other exchange students exploring Germany

knowledge and master my practical and clinical skills. Yet sometimes it is merely time and a cup of water or juice that was enough for the patient to feel at ease. As a medical student now, I feel that this is one of my most valuable assets. When I become a doctor, time may become more scarce and I may find myself too busy to be able to sit and just talk to patients. This is something that I now consider in every patient interaction.

The working environment is also very different in Germany. There is great emphasis on respect, efficiency and punctuality into the German workplace. My days at the hospital started at 06:55. Ending at 15:00-16:00. All the anaesthetist were very keen to involve me in their work, including allowing me to practice procedures such as cannulation, intubation and ventilation.

Through my medical school life, I have found practice procedures to be thoroughly enjoyable and rewarding, especially when applying knowledge that I had worked hard to attain. I found that I had become efficient and often successful when cannulating patients, although I tended to feel uneasy when doing these procedures in Germany, as the anaesthetist or the anaesthetic nurse would have to communicate to the patient in German, on my behalf. One of my most memorable experience is when I was first asked to place a cannula on my

first day, I was excited and felt like I could be useful and hoped that this would help me better integrate into the team. I was confident in my skills and proceeded to prepare the equipment. It was when I had brought all the equipment to the patient when I felt like I had come to large barrier. Cannulation is a task that I had done numerous times per week in every placement, throughout my 3rd and 4th year of medical school. I had developed a ritual of cleaning my hand, collecting and setting up the equipment, walking to the patient, chatting with the patient before gaining verbal consent before starting the procedure. In Germany I found that I could not communicate effectively with the German speaking patient. After pausing for some time, the anaesthetic nurse offered to talk to the patient on my behalf during the quick procedure. Whilst inserting the needle, it was evident from the patients face and clenched fist that I was causing them pain, suddenly the patient began to draw their arm away from me. I very quickly completed the procedure, thanking the patient and returning to an unoccupied area of the anaesthetics room. During the experience, I felt very uncomfortable and out of place. I have become accustomed to using my own communication skills to set patient expectation, reassure and place patients at ease. These are all a basic part of the part when I usually chat with the patient before the procedure. However, I did not feel that the anaesthetic nurse had prompted the patient during each step of the procedure, as I would normally do. The combination of nervousness of my first day and the anxiety of working in a new environment and in a new team impinged on my willingness to show any leadership by telling the anaesthetic nurse what exactly I wanted him to say and when. I stayed silent even though I did not think his communication was sufficient

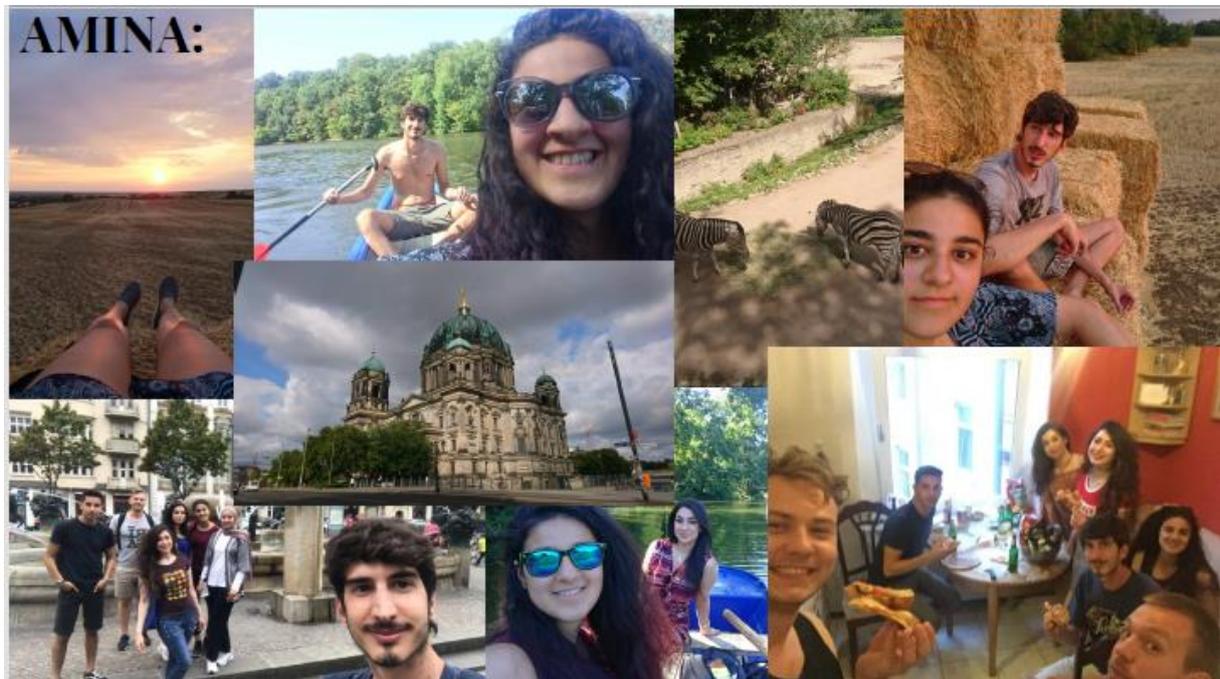
nor effective. This experience was frustrating, mainly at my own failure to plan and set my own expectations before the procedure, I had made an assumption that the nurse would communicate in a similar way that I would have. Overall, my cannulation skills meant that I could complete the procedure quickly, minimising the time that the patient was uncomfortable and in pain. However, I did not effectively communicate what I wanted another person that had become a part of the team, during the procedure what exactly I wanted them to do. My own perceived inferiority (also known as command gradient) meant that I failed at what I consider the most important part, making the patient comfortable with me. This situation clarified the importance of communicating effectively when integrating a new member of a team, as ineffective communication could have a detrimental impact. Following this event, I very quickly changed how I integrated the anaesthetic nurse, often introducing myself before the patient was brought to the anaesthetics room. Often they would already know that I would be doing some of the procedures, which meant we could quickly brief each other about how we would these procedures.

Outside of the hospital, I spent my time integrating with the community. Halle is a small town that has taken in a relatively large proportion of the immigrant fleeing conflict. These are mainly Middle Eastern immigrant. The shift in demographic was evident by the presence of Syrian restaurants in the centre of Halle. At many points, I would hear Arabic being spoken. As someone that speaks Arabic, I found this very comforting. Especially because I could not understand German very well. I met many refugees during my time and we discussed the isolation and culture

shock that they experienced (and still experience) since settling in a new country with a new culture and language. I had an opportunity to experience a fraction of how they would feel. However I recognise that I will never fully understand the emotions and mental strain that come with leaving your home due to conflict.

Recently I presented my experience to current medical students that are considering doing a similar exchange. The fund I received made this experience possible; it covered my travel, travel insurance and most of my accommodation.

Overall, this amazing experience, allowing me to develop not only my medical skills, but also life skills like empathy, communication and independence.



I slide when presenting my experience to current medical students considering doing an exchange over their summer holiday.