**French Medical Elective Report**

**Reporter:** Marianne Phillips

**Contacts at Destination:** Dr Serge Ferracci (head of Accident and Emergency) and Dr Eric Saillard (head of Hepato-gastroenterology) and Marie-Line de la Reberdiere (for admin/terms of elective) Centre Hospital Universitaire, Pointe-à-Pitre

**Year of Visit:** March-May 2016

**Country:** Guadeloupe

**Region:** Pointe-à-Pitre – capital city of Guadeloupe

**Institution:** Centre Hospital Universitaire (CHU), Pointe-à-Pitre

**Departments:** A&E and Hepato-gastroenterology

**Work/Study Undertaken:**

My elective consisted of 4 weeks in A&E and 2 weeks in hepato-gastroenterology.

Although I am bilingual and fluent in the social French I speak with my family, I soon realised that there were many Medical terms I did not necessarily know – Medical Language is arguably a whole new dictionary in itself. For this reason, I think working in A&E was one of the best ways to learn as much Medical French as possible, as it exposes you to all body systems and examinations from the start.

In A&E, early mornings tended to be quieter, but later in the day the department was often heaving with patients. The Medicine was good and there were ample supplies of necessary equipment, but the department itself definitely looked dated, smaller and much more basic compared to the huge and pristine A&E I was used to at UCLH. The set up was otherwise the same – Minors, Majors and Resus. In minors I got a lot of suturing practice, which is something I felt I wanted to develop more confidence in, so this was particularly useful.

Having only 2 main hospitals on the island meant I saw a huge variety of conditions, including some I had not yet come across in the UK, such as a case of pneumococcal septicaemia (with pneumonia and meningitis). I got to perform my first CPR on a patient and also helped in the management of a haemothorax in a patient who had a gunshot wound to the chest. The latter was one of many trauma cases I saw entering the A&E department secondary to gang-related crime, which seemed to be prevalent in Pointe-à-Pitre. In fact, one of the weekly junior doctor teaching sessions, was by a pathologist who explained more about this issue, as well as her own fascinating work on homicide/post-mortem cases between the French Outremer departments. I also came across some conditions that are more specific to French (‘Spasmophilie’) and Antillais populations (early repolarisation (ST segment differences) and dolichocolon).

Moving on to a department with more continuous/chronic care, in hepato-gastroenterology, was definitely worthwhile. This part of my elective allowed me to feel part of a team, in seeing the same doctors each day. I felt more useful too, as I was given the role of clerking new patients every morning, during the ward round. This gave me time to take full histories, examine all the systems, then present to the lead doctor, with discussions of investigation and treatment plans afterwards.

**Description of Destination:**

Guadeloupe is known as l’île papillon (‘butterfly island’) because of its shape, but this is fitting with its natural beauty. Christopher Columbus named it the ‘island of beautiful waters’ and it truly is the most exotic and paradisiacal place I have visited. From its warm and calm turquoise waters, to its volcano and innumerable palm trees to its iguanas, pelicans, turtles and unending birdsong, to its flowers, fruit and spice markets – it is a traveller’s feast leaving the senses in awe.

Whilst the CHU location in Pointe- à -Pitre isn’t the most exciting of places, breath-taking beaches, interesting walks and stunning views are only short drives away.

**Are the local people friendly?**

Locals were generally friendly, although I learnt early on that they do not like photos aimed in their direction. For example, I was told off twice by market sellers who seemed angry when I tried to take general photos of stalls/produce seen.

In contrast, some local men were ‘a bit too friendly’. I think Katie Percival mentioned this in her 2014 report and I also found that being a girl travelling around alone attracted a lot of male attention – offers of lifts if I was walking, giving me their phone numbers when I was in shops or on the buses etc. I never felt threatened though and remained polite usually just laughing it off and thanking them for their offers of lifts and explaining that I enjoyed walking.

I also met a very friendly ‘externe’ (medical student), who has become a good friend. During our stay on the island, she kindly invited my friends and I out on daytrips and for evening events/meals with her and her boyfriend.

**Did you feel safe and if not why not?**

I walked to and from the CHU to my accommodation and had pavements for 90% of my journey. I always made sure I got back before nightfall (~18:20) and I would not recommend going out/walking alone at night. In the evenings there is often some form of organised or indoor entertainment to be found, from sports competitions to concerts to dance shows. Whilst I was there the annual Guadeloupian basketball finals were being played; so I got to see my first ever live basketball matches. It also allowed me to see more of the local culture, from half-time Bokits/Agoulous (local sandwich specialties) to the drumming and singing of fans supporting their teams.

**Spare time activities:**

The beaches are breath-taking and I went to them at least twice a week, whilst on the working part of my elective, then everyday once on holiday. The best ones I found were in Port-Louis (the sea is a like an enormous swimming pool here – not one wave!) La Caravelle, in Sainte-Anne, and Plage de Grande-Anse (if calm), in Deshaies.

Visiting the botanical garden in Deshaies was a great day out – Guadeloupe has such a variety of flowers, trees and animals. Over my time on the island, I came across pelicans, iguanas, mongooses, turtles, cockerels, cattle and – rather less pleasant – one or two centipedes! Although I had no luck at Pointe de La Vigie, dolphin and whale sightings have often been reported there. Another impressive place to drive down to is Pointe des Chateaux where the Atlantic Ocean and the Caribbean Sea meet.

Climbing the Soufriere Volcano and visiting Les Chutes du Carbet and the local ‘Paradis’ freshwater waterfall and lake was one of the best days of my life. The power of the wind at the summit was exhilarating and the climb and descent were a perfect challenge (not too long or too difficult). The ‘paradis’ was a little difficult to access on the descent, but 100% worth it! I have never come out of water feeling as cleansed as I did on that afternoon. It is an absolute must!!

Diving in Basse Terre (Bouillante) is another activity I highly recommend. My friends and I all went for our ‘Bapteme’ (‘baptism’) dives and the beautiful fish and corals were breath-taking, whilst the pure silence experienced was incredible.

Other things to do are day trips to the surrounding islands. Les Saintes are beautiful and it was such a clear day when I went that I got views of Guadeloupe, La Desirade, Marie-Galante Dominica and even La Martinique!

**Climate:**

In March and early April it rained heavily most nights, so the morning air was quite fresh and it warmed up again during the day, as humidity increased. Occasionally, the humidity was particularly high and those days were stuffy, but the hospital has air conditioning so working conditions were fine – and if it was the weekend, swimming in the sea was the perfect way to cool down! The daily temperature was around 26-30°C and never fell below 24°C at night.

**Accommodation:**

I stayed in Air Bnb accommodation in Le Gosier Campagne. The studio was brand new, fully equipped and had a wonderful terrace (with a hammock!). I was a 40 minute walk away from the CHU, so some people may have preferred a car to drive in each day, but I enjoyed taking in the beautiful green surroundings each day – including coconut, papaya and palm trees…

My hosts were incredible – I really don’t think I could have been any luckier. On my first few days they showed me around practically all of Grande Terre – in particular they introduced me to what became my favourite beach in Port Louis – so calm that it is like an enormous swimming pool! They also gave me useful local information and tips.

**Was it provided?**

No. Some previous elective students seem to have been able to secure hospital accommodation, but none was available during my elective. It was a great experience to have lived a bit further out though, in Le Gosier.

**How much did the accommodation cost?**

£1,540

**Did you enjoy your visit?**

It has been the best experience of my life to date. I kept on finding myself thinking both how happy and how lucky I was to be in such an idyllic place. Guadeloupe was the perfect medicine to recharge my batteries after the stress of revision and Finals. It is a place I will never forget!

**Did you find it useful medically**?

Very – I feel I grew in confidence in my diagnostic skills and in communicating my ideas and queries with other medics. I also saw some conditions that I had not yet come across in the UK.

Something I found particularly useful was seeing a few patients with the Zika infection. This is good to be able to recognise, as the prevalence and spread of this virus are currently threatening to increase.

**Has it improved your French and how has it increased your knowledge of French culture?**

I learnt a huge amount of Medical French and by the end was presenting cases in the main weekly handover meeting and having interesting discussions with the doctors on the ward.

One of the most striking things was the contrast between the paternalistic relationship doctors have with their patients compared to the ‘shared-decision making’ model found in the UK. For example, I saw quite a few cases of doctors literally telling patients off. One such case was related to a common problem I came across in Guadeloupe – non-compliance to medications.

Something that impressed me at the start of my placement was that access to imaging seemed easier and faster than in the UK. However I soon realised that there was a greater dependence on imaging and biochemical results before treating/decision making, compared to in the UK, resulting in more frequent patient exposure to radiation.

I also noticed less strict ‘bare below the elbow/hygiene’ policies, for example the white blouses were not washed daily and some looked quite dirty and most doctors/nurses wore a bracelet or watch too.

An additional challenge I came across was that, in the French system, medications are discussed using trade, rather than scientific, names e.g. Lasilix = Furosemide!

Beyond the medical aspect, I enjoyed going to the Catholic masses in Guadeloupe. They definitely differed from masses in France or England, with much more singing and often being longer. I found them to be very celebratory and the homilies always had very interesting, but clear messages. I was very lucky to have been able to go to the Easter Vigil too – it lasted 3 hours – with half of the mass carried out in candlelight. It is an evening I will never forget.

**Approximate total cost:**

£2,500

**Other information that may be useful:**

Feel free to contact me for any further information/questions.