



AFMS NEWS

Spring 2010

AFMS
www.anglofrenchmedical.org

Issue number 60
Charity Number 327706

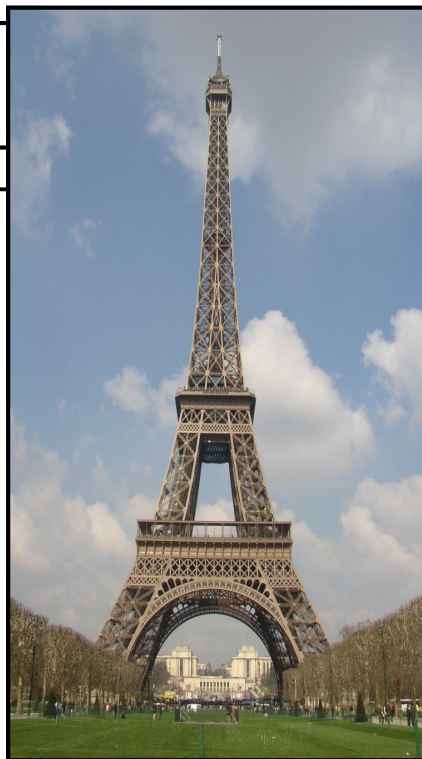
**Paris in the Spring.
Perfect venue for English Teaching.**

Colin Mumford has just returned from Paris where he taught French medical students;

The cathedral church of Saint Sulpice – just off the Boulevard St Germain - is now obliged to display a sign pointing out that the secret features of the church which feature so prominently in “The Da Vinci Code” do not, in reality, exist. But this shortcoming did not detract from my visit to this superb edifice, which was arranged for me by David Lipson, “Professeur d’Anglais” in the Hôpital Le Kremlin-Bicêtre during a three day trip to teach Parisian medical students some “Medical English” on behalf of the Anglo French Medical Society.

My sight-seeing interlude was necessarily brief, since the timetable for the teaching programme to which I had agreed was somewhat intense, but the whole thing was highly enjoyable nevertheless. The cost of this mini-lecture tour was met by the AFMS, and was a more prolonged repeat of the single day trip to Toulouse made by Nick McCarthy just a few weeks earlier. The Association has been talking for some time about the possibility of sending members over to France to help with the – now obligatory – mastery of the English Language by their budding doctors, and after these two highly successful pilot visits, there cannot be any residual doubt that members of the AFMS have a very real skill to offer these young medics, and I suspect that we are likely to be warmly welcomed in diverse French medical schools for many years to come. The students were uniformly enthusiastic to be lectured in English not just by a native English speaker, but also by someone who clearly remembered the rough and the smooth aspects of life as a clinical medical student. Moreover, the three-day length of the visit – with one talk every day - meant that the students got to know me, and by the end of the visit I knew some of their names, their interests and their aspirations for the future. I was given complete freedom to put together a programme of talks, with no restriction on content.

So on day one, I used no slides at all, but by way of a “warm-up” simply wandered around the large amphitheatre-style lecture theatre bringing cowering medical students into a general discussion regarding “the last time I was in Britain”. Most of them could say something on this point, and if their terror was too extreme, then their neighbour would usually bail them out. It required a bit of grinning, cajoling, and exposure of my own schoolboy French to get them really going, but once lubricated by a



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Welcome to the latest edition of the AFMS news!!! If there is anything you would wish to have included in future editions, please send an email to the administrative secretary at tonyridge72@yahoo.co.uk

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• Meeting and Events.

- September 2010
AFMS Conference.
Liverpool 29th Sep to Oct 2nd 2010.
- November 2010
French Intermediate Speaking Course.
Wedgewood College Stoke 6th November.
- November 2010
French Advanced Speaking Course.
Wedgewood College Stoke 13th November.
- January 2011
Burton Manor French Medical Weekend 28th to 30th January



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Conference 2010



The AFMS is pleased to announce that Liverpool will be the venue for its next conference from the 29th September to the 2nd October 2010. Liverpool was voted the European Capital City of Culture in 2008 so there will be lots to enjoy in the city. A designated UNESCO World Heritage Site, the city is home to more listed buildings than any city outside of London. The city also has a fascinating maritime history and its history as one of the world's great ports has left a remarkable legacy of art and architecture that gives it a distinctive look and unique atmosphere. Liverpool's attractions have something for everyone. A booking form and a provisional social programme is included in this newsletter. Early booking is recommended to guarantee you place. If you are also interested in giving a presentation at the meeting please can you send an email to Tony Ridge at tonyridge72@yahoo.co.uk

French For Medics

Are you planning to travel to France or any French speaking country such as in Africa, and work in the medical field? If so, The King's College London, Modern Language Centre course on French for Medics is a must for you. This course will teach you how to take a medical history, write medical reports, and communicate confidently with your peers and patients in French. It will be running twice a year in Autumn and Winter terms, over 20 weeks - 1 session per week of 2 hours each (6- 8pm). Prerequisites: doctors, medical students, or health professionals (nurses, midwives, pharmacists, physiotherapists...). Accreditation: The course will prepare students for the Diplôme Professionnel de Français Médical B2 delivered by the Chamber of Commerce and Industry of Paris. Fees: Full fee: £507 / University of London alumni and staff: £370 / University of London degree students: £320. There will also be a fee for the Diplôme de Français Médical exam. More at

<http://www.kcl.ac.uk/schols/humanities/depts/mlc/undergrad/modules/french/frm5.html>

Members' Requests

Gemma Dardennes, a 4th year medical student at the University of Nottingham wishes to do an elective in Paediatrics in France next year, and is especially interested in working at the Necker Hopital des Enfants Malades in Paris. If anyone has any contacts who could help her with this, could you please put her in contact with them.

Message from **Andrew Green**. Paris July & August 2010; if your teenagers might like to meet either my son Jack (14) or daughter Arabella (13) while their father, an English GP works at Hopital Lariboisier. Please email me at Andrew.green@glos.nhs.uk

Bernadett Mennesson, a French pharmacist who attended the conferences in Plymouth and Lyon is looking to encourage medical students to exchange medical views on Skype. The new www.talkingmedicine.com will tell you more about it.

Committee

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Dr Mark Cottrill

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Dr Colin Mumford

Dr Rex Melville

Dr Carol Barton

Dr Flavia Leslie

Dr David Bell

Did you know?

Following the example of New York City Restaurant Week, 700 restaurants throughout France will serve menus at a fixed price of between 20 and 35 euros between June 7-13. Several chains and bistros will take part, as well as internationally renowned chefs such as Paul Bocuse, Hélène Darroze and Pierre Gagnaire.

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Please send details of any change of address, incorrect addresses, subscriptions and changes in email to

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This initial “introductory chat” went on for a surprising full hour, discussing subjects as far removed as the sleeper train service between Edinburgh and London, the forthcoming triathlon which I was aiming to do on my return from Paris, and differences in nomenclature between the American medical English of David, their teacher, and the British medical English of me, their guest lecturer. Why for example do American medical students uniformly refer to “O-B-G-Y-N”, when, of course, they mean “Obs and Gynae?” Such was the basis of a very satisfactory introductory session, with any residual tension being eased by the audience’s amused acceptance of the fact that since I had recently become clinical director in my own hospital, I was now “Monsieur Le Grand.

Day two was a bit more formal. We talked about the essence of the medical consultation, using a simple illustrated history of migraine as an example. We considered the fact that if you present with a headache in any TV soap opera, be it “ER”, “Scrubs” or our very own “Casualty”, then the overwhelming likelihood was that you would have a malignant brain tumour and would be dead within an episode or two, (remember Dr Green in ER and his glioblastoma multiforme?). However, we agreed that the reality was otherwise, with the probability being that you either had tension-type headache, or just something akin to migraine, and all of this seemed to be absorbed pretty assiduously by this bunch of thirty or so fourth year students, known within their own unit as “The D2’s”. The end of my talk did not bring the session to a close, however, with a mass of subsequent questioning revealing variable levels of command of the English language, but confirming, at least, that they had all gained confidence to “have a go”.

On the third day, I made it more difficult, with an early warning that I was deliberately going to use more technical English, and that they should simply “shout out” if they were getting lost (some had no hesitation in doing so). We talked about the role of a clinical director, and the challenges that we all face in the UK at the moment: government targets, chronic underfunding of the British NHS and difficulties in terms of “revenue capture” seen in supra-regional centres like my own. I then returned to clinical neurology, presenting four clinical vignettes ranging from the simple: subarachnoid haemorrhage, to the far more esoteric: dopa-responsive dystonia. This session proved to be remarkably popular, with a great deal of interaction between me and the audience, albeit clearly helped by the fact that this was the third occasion that we had all met. And finally I parted with a few humorous tales of the weird and the bizarre that crept into British hospitals from time to time. (Memories of that hilarious paper in the BMJ some years ago reporting “personal injuries” sustained as a result of inappropriate use of the Hoover Dustette, which despite the sexual maturity and liberation of our youthful Gallic friends was still deemed by the students to be outrageously funny.) To close, I made sure that the “front page” of the website of the “Association Médicale Franco-Britannique” was prominently displayed on the screen at the front of the lecture theatre, with an entreatment to join at once, and to come both to Liverpool in autumn 2010, and also to consider joining us for skiing in Chamonix early in 2011. The cheerful, and numerous, fourth years were not the only audience during my visit.

I was also able to spend part of one evening lecturing to the Kremlin-Bicêtre “Masters” students, who are also now obliged to embrace the English language as part of their studies. This (much smaller) audience was eclectic, including a couple of senior medical students, a pharmacist, and two registrars, one in neurosurgery and another in anaesthetics. They too were an extremely responsive group, clearly happy to be able to interact with a native English speaker addressing subjects which were common ground. And my audience was not confined to medics either: I was invited to visit the exalted Parisian postgraduate institute known as “Sciences Po”, and met a group of young individuals clearly destined to be the senior diplomatic representatives of their country in years to come – if, of course, they fail to make President. They welcomed a talk from a senior English doctor and despite my offer to talk about the current British political system, they were more interested to ask about new treatments for epilepsy and multiple sclerosis and to seek an explanation for the revered status of their fellow Paris citizen “Jean Martin Charcot” on the international historical stage of clinical neurology.

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So, without any hesitation, I can report that this visit was an overwhelming success. I am very grateful to David Lipson for setting up the connection (and for providing me with bed space on his settee), to the committee and members of the AFMS for helping me with the cost of carbon-free train travel, and to the Parisian students for making it such fun. The AFMS needs to think seriously about establishing formal links with a few French medical schools and setting up a regular programme of teaching visits. It seems likely that other medical schools in France will then “realise what they are missing”, and invite us to contribute at a wider range of centres. But there may be problems: it was clear that the startling and impressive level of enthusiasm shown by the students was not completely matched by the higher authorities in the Medical School, with no offer of support for the costs of my travel or accommodation coming from the University Hospitals of Southern Paris. So we may need to establish a specific fund for this purpose, and consider some means of maintaining the fund, perhaps by seeking some support from colleagues in the pharmaceutical industry. Certainly, if I had not had the helpful and most welcome support of the AFMS then it would have proved a relatively expensive visit. We also need to target initially those centres where there is an established English language department within the medical school, since the staff of those departments will provide us with a “link person” who will be crucial to the success of these visits. And from my point of view, I would not change much next time. I had a really enjoyable three days; I was forced to speak some French in public, which was not quite so painful as I had initially feared; I saw quite a lot of Paris (and certainly its Metro system), and I gave a few of the most warmly-received talks that I have delivered for some years. Next time I would try to spend even longer with the students, perhaps ensuring that I could join them for a coffee break before or after each talk, and better still, dragging a handful of them to the pub for beers and the chance to teach them a few choruses of “In my Liverpool home...” Dr Colin Mumford March 2010

AFMS Manchester Meeting 14th May 2010

The 14th Manchester meeting took place at the Alliance Francaise on 14th May 2010. 32 delegates from around the North West heard four more excellent presentations. Philip Dutton spoke on “Le Service de Maladies Tropicales et Infectieuses.” He did his Special Study Module (SSM) at L’Hôpital Bichat-Claude-Bernard in Paris. In France the Infectious Diseases departments take all infections, not only HIV associated or tropical diseases. The tendency in the UK is to triage patients to departments that have a system-based leaning, e.g. respiratory infections go to the respiratory physicians. Students get paid €200 per month, and in exchange have to work, being responsible for 3 patients each, much more like an old “house officer” or senior student. Rather strangely the UK and France have completely opposite attitudes to white coats, compulsory in France (washed weekly) and now prohibited in UK. (Reminds author of differing attitudes to (male) bathing costumes!). Michele Robinson like, Philip, did a “stage” in HIV associated infections, but at a different hospital. Her presentation was on opportunistic infections in HIV and we were reminded of the pathophysiology of HIV-associated disease. There are about 130 000 HIV-positive folk in France, most of African origin. Main respiratory infections are TB and pneumocystis; Burkitt’s lymphoma (EB virus linked) and Kaposi’s Sarcoma the main cancers. We were treated to a brief but interesting pictorial quiz: Sherozina Sharma compared two “stages” one in France at Henri Mondor Hospital, Paris (in gastroenterology). She felt the system in France was better organised and more locally situated whereas in England services and wards are not co-terminus. Students are allocated to a unit and stay there whereas in UK one can move easily between wards and units as one wishes. (it seems to the author that the French still have the advantages of the old British system that some of us wish we had never dropped....) *Mais, en revanche*, modern British students are trained specifically in particular skills such as administering iv drugs and setting up iv lines which the French are not; Sherozina felt this was one up for the British system. Anna Wilding spent her elective south of Paris in Urgences (A/E). She explained the differences between British consultants and French “Chef de service”; the latter have power! In fact there still seems to be an old-fashioned, almost chauvinistic, way of behaving; and there are even doctors’ messes with doctor-only access. Sexually explicit murals adorned the walls of the mess...not at all PC. On the face of it access to emergency services seems to be fairly similar but there are more helicopters in France. Ranking system of doctors depends on the quality of their shoes rather than the standard of their clothing.... And French A&Es now have much of the same issues faced here with many minor conditions self-presenting with nurse specialists dealing with the bulk of these on their own. Voting was close and after a re-count, Anna Wilding was voted the winner of the £50 prize and will be invited to compete for the James Tudor Prize at the Liverpool Scientific meeting in September. Dr Mark Savage

