

My Erasmus scholarship at the University of Manchester in the United Kingdom

Extraordinary - that's the right word for it.

I was one of the two lucky people that got nominated for an Erasmus stay at the University of Manchester in England, UK. The stay was scheduled for the length of 5 months and I was allocated to Preston, a small suburban city with approximately 122,000 inhabitants. Preston was the complete opposite of Berlin, there were not many people, the roads were small and the distance to the hospital premises was significantly shorter.

Studying in England is different from studying in Germany. You might think that this is obvious, but I am not talking about the language, the peculiar way of driving (why would you drive on the left side?) or the weather. The subtle discrepancies determined the main contrast, thus the small aspects that you noticed with every step you took, made all the difference.

Imagine for one second that you are standing in a seminar room of the Charité. You can feel the hard PVC floor under your feet, you can see the pipes above your head and sometimes you have a huge 55" plasma screen in your seminar room. Now imagine a British seminar room. This time you might be standing on carpet, there might be biscuit and tea on a table, next to a vending machine and sometimes you have to make a fool of yourself by going to the front and taking a history or performing a certain physical examination.

The doctors and clinical skill facilitators were keen to find out how much you know, what you would like to know or experience and how often you practiced a certain examination or history. At the end of a placement, you had to attend a private session with a doctor and a clinical skills facilitator and reflect your experience. It was not uncommon to talk about stressful situations that you had and how you would like to tackle them in future. Not everything was different, as there were also significant similarities to the Charité. Thus, most of the knowledge was gathered at home by following lectures, reading books and preparing for PBL.

My semester in Preston covered Neurology, Psychiatry, Geriatrics, Orthopedics and Trauma, Rheumatology, Ophthalmology and ENT. We had PBL (Problem-based-learning = Ger. POL), lectures, clinical teaching sessions, pharmacology teaching and prescribing, breaking bad news, community day placements, GP placements and self-directed learning. This is the equivalent to the German "Selbststudium" which is obviously an important part of being a medical student.

PBL

PBL was the frame of the curriculum at the University of Manchester. Nearly every topic started and ended with it and all the other teaching sessions build on the ILOs (intended learning objectives) that were decided to work on during those sessions. The ILOs were not made up by the students, but were prewritten by the University itself. Still we were able to add ILOs that we found particularly interesting, even though it was not demanded by the official university catalogue. The big difference to the PBL at the Charité was the amount of ILOs that were discussed during such a session. While our ILOs at the Charité are spread among all the events during the week, the ILOs of Manchester are restricted to the PBL sessions.

Lectures

The lectures were most commonly organized by the clinical skills facilitator and held by a doctor or consultant. The lecturers addressed the ILOs which were also part of the PBL sessions. Sometimes

the content of the lecture consisted of practical examinations or history taking sessions with either the doctor playing the patient or a real patient.

Clinical teaching

In addition to lectures, we had to join doctors on a ward which was part of the particular placement and it wasn't uncommon that the doctor on the ward was in fact the same person from the lecture before. In that particular case, the doctor was aware of the knowledge we had and could in theory easily build on that.

Pharmacology teaching

One important part of the life of a Manchester medical student was the attendance to pharmacology teaching sessions. Most of the time, we got patient cases that correlated to the topic of the placement and we looked at them from a medication point of view. The intention was to test our knowledge and our capability to use the BNF (Ger.=Rote Liste) under time pressure. This was, so was I told, to prepare us for OSCE situations and thus for real life after University.

Breaking bad news

As a future doctor you need to be able to break bad news and control stressful situations. Breaking bad news (Ger.=KIT) were teaching sessions with a sole purpose of simulating stressful situations and preparing the student for them. Students were given the opportunity to practice different situations over and over again and perfect their skills. At the Charité we have very similar teaching sessions.

Community Day Placement

The CPD gave medical students the opportunity to get an insight into and experience of life abroad from the hospital environment. It was possible to select CPDs of your personal interest. There was for instance the opportunity to attend a suture session and the best "future-surgeon" was awarded with a small price. Furthermore there was the possibility to join orthotists and prosthetists who gave you an excellent insight into the world of wheelchairs and prosthesis. We were also allowed to use an electric wheelchair, sport wheelchairs or regular hospital wheelchairs and the experience was priceless.

GP placement

Everyone was obliged to join a GP that he or she was allocated to. In my case I had the privilege to join the "Leyland Surgery" which consisted of me and my clinical partner taking histories and examining patients in a separate room and presenting the cases to the doctors afterwards. This supervised teaching was a tremendous help, because it was a confrontation with medicine outside of the hospital.