

No pasa nada: Reflections of Erasmus in Spain

REFLECTIONS

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After returning home from nine weeks in a Spanish hospital, it is difficult to tease out our main reflections on the whole experience. We could have focussed on so many different themes: coffee etiquette, the laidback 'no pasa nada' Spanish attitude, the language nuances or the benefits of a Mediterranean lifestyle. Instead, we will focus on the differences in doctor-patient relations, which we experienced during our Obstetrics, Gynaecology and Paediatrics placements in a Valencian district general hospital.

One of the first things you cannot help but notice is that all the doctors wear white coats. This was quite a novelty and, as medical students, it felt just like when we were children playing doctors and nurses all over again. The white coat serves as a symbol of status. The doctor is the professional and the patients have come to seek their advice. The traditional attitude of respecting the doctor's knowledge and ability, one that many older doctors feel nostalgic about in the UK, still partially exists in Spain. This paternalistic style can present a barrier to communication, as it can appear to be intimidating. However, in consultations, we found Spaniards to be much more direct in their language, speech and attitude with their doctors. They have come with a problem that they want fixed and the white coat does not daunt them – it seems to help them trust the doctor and allows them to differentiate them from other healthcare professionals. They prefer their doctors to look like doctors.

The other major difference is that all the patient's notes are kept electronically in the Spanish healthcare system. It is a foundation doctor's dream world, where clinic letters, GP notes and blood results can all be accessed at the click of a mouse. There is no endless

chasing of lost letters between primary and secondary care, or issues retrieving and viewing scans from a different health board. Electronic drug charts can catch prescription errors, and are updated remotely from the drug trolley and removes difficulties in interpreting illegible handwriting.

On a ward, this means the doctors do not write anything down when they are taking a history and examining the patient. They focus on what they are doing there and then, in that moment with the patient, instead of trying to multitask. The downside is that they then have to remember the full consultation in order to transcribe the notes later on. As they are familiar with this method, the staff seemed to encounter few problems.

In clinics, the computer can be more of a barrier, as doctors often work from an electronic template, meaning questions are extremely closed and in quick succession. Open questions were used infrequently in Spain to prevent time consuming histories, as the patients expected the doctors to tease out the relevant information. Patients did not seem to mind this grilling style and are much less hesitant about interrupting the doctor if they think they might have missed something out. This meant that despite reliance on closed questioning, the consultations are still very patient led and elicit most of the relevant information. It is easy to see how patients could feel unable to divulge sensitive information, as there is much less opportunity for this in a consultation with no open questions. This did not appear to be a problem for most Spaniards, as they are generally direct and unashamed about sensitive or intimate issues. Despite having no concrete models of how to elicit the patient's ideas, concerns and expectations, the patients tended to leave the room feeling reassured that they had been thoroughly questioned.

Continuing on this theme, there is no introduction, role explanation, or 'hello my name is...'. It just seems a little ridiculous to the Spanish – they know who the doctor is, why they are there, and the patient's identity is usually apparent, as the doctor has most likely just shouted their name out into the waiting room. Similarly, often no attempt is made to establish a rapport with the patient by making small talk, as it is recognised that this is a professional encounter between a service user and service professional. The doctor has more expertise and experience with which they advise the patient accordingly, and the patient is more concerned with this than the doctor's opinions on the weather. Both parties have this shared expectation, which is why the paternalistic model works to an extent. Interestingly, at the end of the consultation patients usually receive a printed copy of the doctor's notes. We felt that this meant the patients were very well informed about their health and it reduced confusion between what was discussed in different

consultations.

It made us question whether in attempting to perfect our communication skills through workshops, acronyms, standard empathetic statements and studying body language, we have forgotten that a consultation is essentially just a conversation. It is a two-way discussion, between a knowledgeable professional and a service user in need of help. Have we become too rehearsed? Too analytical? It is certainly something we will be more aware of in the future.

One of the main reasons we think that this style works is a result of Spanish nature – the same attitude adopted with a British patient would get a completely different response and would probably be perceived as rude. Furthermore, sometimes we felt that a softer touch was needed with particular patients. This seemed to depend on the individual doctor – some could adapt to the patient's needs, and others could not – or even worse, did not.

To attempt to conclude on such a fantastic experience, our Erasmus placement has allowed us to evaluate our own practices. The electronic systems greatly reduce the administrative workload of the doctors, resulting in more contact time with patients, better inter-service communication and less frustrated staff. While initially a bit of a shock, we appreciated the direct attitude of the Spaniards and the clarity of situations this produces. Despite the cultural differences, staff in both systems continually strive to produce the best outcomes for their patients. Mostly though, we learnt just how difficult it is to navigate a healthcare system, whether as a professional or patient, in a second language.



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