

## ENTOG exchange in France

March 2018

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ENTOG – European network of trainees in obstetrics and gynaecology - organises a yearly exchange programme and educational meeting for trainees, at which overseas trainees visit hospitals in the host country and then participate in a trainees' conference.

This year France was the host country, and I was lucky to go to Paris for 3 days of clinical observership and one day of scientific meeting. I also stayed for the EBCOG-conference that followed the exchange programme.

Twenty-nine participants from different European countries arrived to Paris in the beginning of March. Most of us stayed in a hostel that was pre-booked by our French colleagues. The atmosphere reminded of a school trip 20 years back in time – everything was simple and everyone was enthusiastic.

Julia, a trainee from Ukraine, and me spent our first two days at the department of obstetrics and gynaecology at Jossigny, one of the hospitals in the suburbs of Paris. They have about 3700 deliveries per year, but it was exceptionally calm at the delivery ward the day we were there. In France, breech vaginal deliveries are much more common than in Sweden, and it was of practical interest to see their criteria for a planned vaginal vs caesarean births. Forceps are used quite frequently instead of vacuum extractors, and we got an opportunity of practical training, using a pelvic model and a fetal doll. We also enjoyed meeting the chief of the trainee programme in ob/gyn; she was an experienced obstetrician and keen on discussing tricky questions of the speciality. Algorithms for shoulder dystocia in Sweden and France were compared, and pros and cons of different techniques for preventing perineal tears were discussed. Later that day we had a long walk in the centre of Paris together with the other members of the exchange programme, guided by a local trainee, and in the evening all of us had a lovely dinner at a Mediterranean restaurant. The food was delicious, and our discussions, spiced with French wines, continued until midnight.

The next day we were in the same hospital. I followed a senior colleague subspecialized in obstetric ultrasound. He was friendly and curious, and demonstrated me eagerly some pitfalls of routine exams. In the afternoon, I spent some hours in OR, watching laparoscopic gynaecological surgery. I didn't notice any significant differences in comparison to how we do it in Sweden, except to the fact that our French colleagues seemed to have larger volumes of surgical procedures during their trainee-years than what is possible to achieve in Stockholm.

On our third day, all ENTOG-trainees were invited to a big central hospital called Tenon, famous for its gynaecological surgery. First, we had a lecture on advanced surgical methods for treatment of endometrioses. Later on we divided us into small groups in order to spend some hours in different ORs. With their excellent knowledge of anatomy and amazing surgical skills, the gynaecologists we watched in action proved the reputation of their hospital.

Our exchange-programme was rounded off with an ENTOG meeting, followed by a dinner and a party on a boat. People went on dancing to the dawn, and it was a bit sad to say goodbye to each other after these amazing days in Paris. We appreciated introduction into the French model of medical health care for women, and we did have a lot of fun together, discussing medical, ethical, practical, existential aspects of being a new generation of obstetricians and gynaecologists. Thank you NFOG for sponsoring this opportunity!

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