

My Visit to France: a first visit to Europe



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Excited to embark on a new adventure of learning French, I also had the opportunity to visit France for three weeks to ameliorate my French language skill, but little did I reflect on the journey to learning a new language. Being immersed totally in a French speaking community was an awakener that I did not learn Luganda (my mother tongue) and English in one day. I went through stages and until now, I am still learning new words and phrases. This was an encouragement to pursue my dream of being French fluent one day and

accepting that it is through mistakes that one learns.

Jugon –les-lacs at Peter and Suzanne Bartley’s home is where I stayed for the first week. Suzan was my French teacher with whom I had French classes every morning while the afternoon was used for completing French exercises. The Bartley couple was so caring and despite the fact that they are English, they always spoke French in the house to facilitate my learning. I must acknowledge that the first week’s French lessons were a preparation for my next journey to Lorient.

In Lorient, we (Jim, Bob and I) were honoured to be welcome by Doctor Christophe Dollon who then in turns with Doctor Veronique Miniac hosted me at their residence for nights. Both doctors work for Hospital



Dianah (blue scarf) with Dr. Christophe & wife visiting at Dr. Veronique’s home

Center De Bretagne Sud-Hospital Du Scorff and are French speaking. They have supported Hospice Africa Uganda (HAU) in training francophone students visiting Uganda on a number of occasions and they continue to do so.

Through their support, I had the opportunity to visit Hospital Center De Bretagne Sud-Hospital Du Scorff and work with a few hospital teams. The teams were very receptive and supportive despite the challenge in language barrier. Nevertheless, this became a very good opportunity to appreciate different French accents but also practice comprehension of spoken and written French as there was no alternative.

In the hospital, I was involved in medical ward rounds, general nursing care, patient case discussions, serving patients’ meals and continuous professional development. All these blended very well with my learning as I was exposed to not only the medical French language but also the social language.

In addition to learning French, I also appreciated the unique culture and the integration of advanced technology while caring for patients in the hospital. As opposed to Uganda where family is very important and always wants to be present in hospital to support the patient especially emotionally,



One of the completed exercises after a french lesson

patients in Hospital Center De Bretagne Sud-Hospital Du Scorff were often on their own with the exception of a few who were dying or requested to have family by their bedside.

It was attention-grabbing interacting with a cancer patient hospitalised following a request from his wife that he calls an ambulance for hospitalisation because of change in his health. However, he preferred staying home with the wife but this was impossible as the wife was worried of patient dying at home and thus the preference for hospitalisation. This patient was brought to hospital by an ambulance without being escorted by any family member. Contrary, in Uganda at least a family member escorts and/or stays with the patient in hospital as a reassurance that he still has support from family and will be in safe hands while in hospital. Nevertheless, the hospital team managed to get the family visit the patient in hospital at least once and advocated for home based medical care.

The use of computers to record patient's data was highly advanced yet impressive as it eased access to information for those with the right to access it. The advanced mechanisation such as electronic beds, weighing machines, support aids eased the work of health care workers and their patients. The practise of infection control was never compromised. A combination of all these insights made me reflect back on how Uganda health care providers and their patients are lucky to thrive amidst the limitations in the healthcare system.

Other than visiting Lorient and having French classes, I also visited the Hospice charity shop, various French speaking families, and a few tourist sites. I was also involved in recreational activities like watching theatre plays and singing both in English and French. The interaction with the various French speaking communities was a good experience that enhanced my learning in a very short time.

At the end of the second week, I returned to Jugon-les-lacs to continue with the French classes but also evaluate my learning. I am happy to report that my written and spoken French drastically improved in three weeks



Dianah & Jean-Baptiste in the charity shop after a day's sale

I give thanks to Hospice Africa Uganda (HAU) that arranged the trip but also my colleagues in international programmes who covered my work while I was away. Thanks to Jim and the entire community of Hospice Africa France volunteers who supported my visit and made it interesting. I appreciate the invites to the different homes where I interacted with families. I would love to commend everybody by name for the hospitality rendered to me but will hold back the names for the purpose of keeping this write up summarised. Thank you all.