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Learning from Different Healthcare Systems

After four years of rigorous coursework and clinical rotations, it was a blessing to head over to the United States of America (US) for a change in experience. During the four weeks at the University of Rochester, the similarities and differences in both countries' medical environment was apparent. Because of my own personal goals, this elective experience came to be more significant and life-changing than expected.

The elective course was separated into two blocks, each lasting two weeks. I was assigned to the pediatric endocrinology and infectious disease department, each headed by Dr. Orlowski and Dr. Weinberg, respectively. I was lucky to be assigned to these two departments, not only in my personal preferences and interest, but also in terms of how one department was mainly based on clinical outpatients while the other was heavily based on inpatient consults. For my first ever US clinical experience, I was able to experience various aspect of a hospital setting. The Golisano Children's Hospital was also a great place to learn about pediatric patients; any specialized hospital tend to be well-adapted to the needs of specific patient populations.

During my two weeks at the pediatric endocrinology department, I was mainly situated at the outpatient clinic. Dr. Orlowski's (my mentor) clinic was from Monday to Wednesday, but I attended two other attending's clinic as well. Personally, I love outpatient clinics because I think it is more reflective of a population's disease prevalence or trend, compared to inpatient wards (although a university hospital is already skewed in their patient population). Fortunately, I was given many opportunities to take initiative in leading the session, starting from history taking to writing clinical notes. A session would take at least 30 minutes. A supervising resident and I would first go in the room to take preliminary history and perform simple physical examination; then, we would go back to the meeting room to discuss with the attending. After discussion of plans and treatment, we would all go back into the patient's room to share our ideas and plans. I was extremely shocked by this process. In the Republic of Korea (ROK), it was impossible to see a patient for more than 15 minutes (this is stretching it as well) because there just simply are too

many patients allocated into the morning or afternoon. From my experience, my professors at Seoul National University Hospital (SNUH) had an average of 60 patients in the span of four hours: it just physically is not possible to spend 30 minutes with one patient. In addition, patients come find the doctor's office in ROK. They all wait in angst outside a small room, which I believe is not a comfortable experience for patients. While I did my clinical rotation in the pediatric department in SNUH, I was never given the opportunity to perform clinical examination on actual patients. It is understandable given how some patients feel uncomfortable being looked at by a student; I was just extremely thankful I was able to do so in the US before I graduated. Lastly, the disease prevalence showed to be slightly different with obesity being one of the most pressing pediatric health issues in the US; however, because of recent lifestyle changes, ROK's children have been showing increases in obesity as well. I also found it very interesting at nurse practitioners held a much bigger role in the US. Alongside endocrinology clinic, the nurse practitioners ran the diabetic clinic everyday to teach patients how to manage the insulin pump or plan their diet together. It lead me to think that because diabetes is a chronic disease, and because ROK is now also showing an increase in type I diabetes (perhaps due to the same reason causing obesity), SNUH also should implement some type of system for education and management purposes so patients do not come in with diabetic ketoacidosis, hypoglycemia or awful secondary complications.

Infectious disease elective was another experience in itself. Unlike endocrinology, our team spent most days starting with discussion of patient progresses (or reading the history of new patients), then rounded various wards for consults. The foremost detail I noticed was how all pediatric patients used individual rooms. I think this is necessarily in all children's hospital because it provides parents or caregivers more stability to be with their child, while also preventing hospital infections which are more common amongst children. In addition, I was very impressed by who constituted the team. Our team consisted of Dr. Weinberg (attending), one senior pediatric resident, one interim pediatric resident, one microbiology fellow, one pediatric infectious disease pharmacist, and two students (including me). It was refreshing to not only learn about medical knowledge regarding a disease but also about the microbes (or infectious agents), and about the medicine (usually antibiotics) that go with it. The educational opportunities were fantastic. During my two weeks, our team were consulted to four newborn

syphilis cases, which rarely happens even in the US. I was never seen a syphilis baby in ROK before, so it was very interesting for me to see the process of how treatment works. Pediatric is interesting that way: it not only focuses on the child itself, but also most often times involves the parents, their socioeconomic settings, their living situations and many other details. Although I knew surely that syphilis cases were reported to the Department of Health in SNUH as well, I have never seen it done before. With all four syphilis cases in the University of Rochester, our team not only examined the baby, but also checked the mother, investigated their living situation, held meetings with social workers, and called the county officer for assistance in surveillance. Again, like clinical sessions, the team spared much more time in rounding than in ROK, not only updating the parents about treatment plans but also answering any and all questions they might have. On a side note, I found it interesting that tuberculosis was such a rare incidence in the University of Rochester, while in ROK, tuberculosis is one of the most common respiratory infectious disease.

From a patient's experience, the hospital experience in itself is probably better in the US as they get more privatized, personal time with their healthcare team. ROK simply does not have the resources or time to do so in the current hospital system. However, when thinking about healthcare access or patient experience, a huge factor would probably be the financial aspect. If the patient cannot pay for the service, it does not matter if there are individual rooms or if they get to talk with their doctors for more than 30 minutes. One huge advantage (and a big reason why ROK hospital systems do not work) of receiving healthcare in ROK is university healthcare. All citizens of ROK could receive healthcare at an affordable price by paying the government health insurance. Even though some diagnostic examinations might be too expensive, a homeless person could still go to any of our public hospitals because they are covered by the nation. Although universal healthcare was attempted in the US, from my experience, medical insurance and payment still seemed very complicated. During my time at Golisano Children's Hospital, there was a patient who needed insulin for type I diabetes. The patient had to roam around four different hospitals because the patient's insurance plan was not accepted. That is the first time I realized how unfortunate the situation is for people who are sick but cannot pass the doorsteps of a hospital because they cannot pay for it. I hope to study more about the health insurances and healthcare access issues because I believe this is an urgent human rights issue.

Medical school often gave me times of doubt, and sometimes regret. It was challenging and I could not necessarily relate the medical knowledge to real life. That changed last year when I did my clinical rotation at SNUH. Although we were not given a lot of opportunities to directly involve ourselves, I still felt much more alive just listening and watching the relationship between a doctor and a patient. Yet, at the back of my head, I was always disappointed by the current medical system in ROK. The system is flawed in that it may provide maximum efficiency but does not give comfort or trust to patients nor doctors. It has always been one of my goals to see the US medical system, although I know the US health system, especially in its health insurance and equal health access, is not perfect. This elective first minimized my regrets of choosing this path. It also consolidated my goals for a change in environment after I graduate from medical school. I sincerely wish the two medical system absorb the good and eliminated the bad by learning from each other. Someday, I hope I can utilize these experiences to be at the frontline for true universal healthcare in all countries.