

Reports on Clinical Elective Attachment Programme in the UK (2023)

6th - 31st March: Newcastle University

My time at Newcastle University

OMURA Karen (Hamamatsu University) 1

My Elective Experience in Newcastle

SAKAI Aki (Tokushima University) 2

My Experience at Newcastle University

NAKABAYASHI Sayaka (Sapporo Medical University) 3

I felt Medicine Without Borders in Newcastle

FUKUDA Kanako (Yamaguchi University) 4

5th - 30th June: The University of Leeds

One-month clinical rotation in neonatal unit in the University of Leeds

OTSUYAMA Ayako (Chiba University) 5

Fabulous Experience and Outcomes at the University of Leeds

YAMADA Haruka (Juntendo University) 6

Medical Internship at the University of Leeds

YOSHIDA Yumiko (International University of Health and Welfare) 7

<Newcastle University – March 2023>

My time at Newcastle University

Hamamatsu University School of Medicine
OMURA Karen

First and foremost, I'd like to thank Japan Medical Education Foundation, the doctors and the medical staff at Newcastle University as well as Hamamatsu University School of Medicine, the students who I studied alongside in Newcastle, and my family. None of this would have been possible without all the support, and for this experience, I'm forever grateful. My sincere gratitude goes out to Dr. Price, who has been the most generous with his warm welcome and his endless supply, of knowledge Dr. Gallagher and the team at lower gastrointestinal (lower GI) surgery, Dr. Chambers and the orthopedics team, Dr. Coulthard, and the staff at Benfield Park.

My time in Newcastle was one of the most eye-opening experiences I've had, and learning here for a month helped me understand medicine better in a way I'd never expected. During my elective, I could see how constant communication between doctors and patients strengthened the trust between them, leading to better clinical outcomes. All the medical staff at Newcastle never failed to be kind and were constantly thinking of how they could improve the patients' lives in medical as well as social aspects. Through discussions during rounds and multidisciplinary team (MDT) meetings, I learned just how important it is to understand the patient and their conditions from various aspects such as surgery, oncology, pathology, palliative care, and intraoperative care. Also, during my time at the GP clinic, I was introduced to motivational interviews. Before, I used to believe that presenting the patient with medically correct treatments were enough. However, by seeing the method used in clinics, I realized that helping the patient make decisions on their own increased awareness and helped motivate them, speeding up the treatment process.

My time in lower GI surgery consisted of participating in morning ward rounds, MDT meetings, observing endoscopy, surgery, and clinics. One of the most memorable experiences I had was during Dr. Gallagher's hernia clinic. In the United Kingdom, surgeries for benign diseases such as hernia tended to be postponed. However, during the clinic, I learned that many patients were suffering from hernia because the waiting list was so long. While seeing these patients, I learned firsthand just how much of a difference a surgery can make for them and the importance of spreading awareness for these benign diseases, which are often overlooked compared to malignant diseases like cancer. In fact, several patients who underwent hernia repair surgery stated that it completely changed their lives for the better.

The two weeks I spent in orthopedics was filled with new experiences and knowledge, and I was constantly in awe of the things I was learning. I was particularly fascinated by orthopedic treatments regarding diabetes, and it was one of the topics I learned in depth. In surgery for Charcot neuropathic arthropathy, it was incredible to witness the internal fixation done with the external fixation of the foot, because I could directly see and understand how preventing amputation using this technique increased patients' life expectancy and their quality of life. By participating in the Newcastle Diabetic Foot Conference, I understood the complications that came with the diabetic foot and the different ways to treat them. It was remarkable to see medical professionals from completely different fields, microbiologists, podiatric surgeons, vascular surgeons, and radiologists, come together and discuss the future of treatments for the diabetic foot.

The four weeks in Newcastle was truly life-changing for me and I could not have asked for a more wonderful experience. Thank you again for the experience of a lifetime.

<Newcastle University – March 2023>

My Elective Experience in Newcastle

Tokushima University
SAKAI Aki

Medical elective in RVI helped me take a giant leap to approach becoming my ideal doctor. Four weeks in Newcastle gave me plentiful experiences to support my future goal; to support patients living in Japan who suffer from physical and social problems by helping medical interpretation become more common in Japan and performing medical procedures in English.

For the first two weeks, I rotated Lower GI Surgery under the teaching of Dr. Gallagher. Dr. Gallagher is an outstanding surgeon, especially in the field of colorectal cancer and hernia and he showed me so much practice in his clinics and surgeries. I truly appreciate that he took so much time to explain things to me.

In the third week, thanks to Dr. Patience, there were a variety of wonderful experiences in OBGYN waiting for me. I explored an extensive range of subspecialties, including cancer, endometriosis, urinary incontinence, and fetal medicine. One thing I especially remember is breaking bad news by Dr. O'Donnell. To convey the tough truth is an extraordinarily difficult moment both for patients and physicians, so I was astonished because there were smiles in her clinics. I will keep her advice in my mind for the coming moment that I do breaking bad news; to give patients time to be calm and accept the diagnosis, to explain what will happen next, and for the first and last, to be their friend.

I spent the final week with Dr. Price in Infectious Disease. There I could learn about a variety of diseases I'd never experienced in Japan such as Histoplasmosis. Dr. Price's ward rounds were full of curiosity. Every single story he told me made me feel Infectious Diseases more attractive. On the last day in RVI, I joined Dr. Payne's HIV clinic. I appreciate he introduced me to each patient and gave me opportunities to talk with them, especially in such a busy practice.

After the four weeks in Newcastle, I realized I hadn't understood much about how diverse the backgrounds or environments surrounding patients were. While in my one-year clinical training in Japan, I met only a few who come from outside of Japan, almost one-third of the patients I met in RVI came to the UK from other countries. Some of them are refugees and struggling to settle their life in the UK. What I was impressed with was not only the NHS interpretation services but also the calm and reliable attitudes of physicians; NHS provides medical interpretation on the telephone covering over fifty languages, compared to Japan where interpretations even in English are available in only a few hospitals. I also learned controversial aspects of NHS such as long waiting lists and the inappropriate payment for physicians, having witnessed junior doctors' strikes. I am grateful to everyone for teaching me during that busy moment.

I want to say thank you to everyone having me around, especially Dr. Price who arranged our program and has been outstandingly supportive throughout my elective. Please share my gratitude with your family, Dr. Coulthard, and the excellent physicians in RVI. Every single moment I had in Newcastle, including watching a baby seal in Bamburgh, is my motivation.

<Newcastle University – March 2023>

My Experience at Newcastle University

Sapporo Medical University
NAKABAYASHI Sayaka

I was fortunate to have the opportunity to undertake my elective in various departments at Newcastle Hospitals.

- **Respiratory Medicine**

I undertook my elective in the Respiratory Medicine in the former half of the month. I was surprised at the flexibility of the elective compared to my clinical training in Japan. My supervisor Dr Macfarlane arranged my elective in the Assessment suite and the Palliative care team. I had several chances to examine patients and report to doctors. It was challenging for me, but at the same time very valuable.

- **Infectious Diseases**

I was with Infectious Diseases in the third week and deepened my knowledge of HIV by meeting patients with HIV for the first time. On the 17th of March, Dr Price invited us to an HIV awareness event. I really enjoyed the art exhibition and the conversation with other participants. I also attended Dr Price's class about HIV and learnt much about it.

- **Orthopaedics and Plastic Surgery**

In the last week, I was with Orthopaedics and Plastic Surgery. I observed operations and clinics for lower limbs, hands, and Paediatric Orthopaedics. I was surprised that the Hand Unit belongs to the Plastic Surgery because in my university Orthopaedics takes charge of all of the upper and lower limbs and the spine. I was lucky to have the opportunity to examine patients at the Hand Unit.

- **General Surgery**

I observed a clinic and some operations in General Surgery. In a robotic operation, there were two consoles: one for the consultant and another for the junior doctor. Thanks to that, the consultant could give instructions on the screen. I think such a system helps surgeons acquire skills faster.

- **Palliative Care Team**

I found the End-of-Life Care transport service very unique. It is a system for transporting patients who are close to the end of their life to wherever they want to go. I think that kind of service is also necessary in Japan because most patients in Japan pass away in a hospital, though many of them want to face the end of their lives in their own home.

- **General Practitioner**

I observed Dr Coulthard's clinic for a day. I was interested in the Quality and Outcomes Framework, in which the outcome of medical treatment determines remuneration.

I cannot say thank you enough for letting me have the opportunity to undertake my electives at Newcastle Hospitals. I am grateful to Dr Price, Dr Macfarlane, and Mr Chambers, who were my supervisors, Dr Coulthard, who is a GP, Ms Karen Hertwick, who is an End-of-life facilitator, and everyone involved with my training.

<Newcastle University – March 2023>

I felt Medicine Without Borders in Newcastle

Yamaguchi University Graduate School of Medicine
FUKUDA Kanako (Kana)

I'd want to express my heartfelt appreciation to the numerous physicians who looked after me and helped me complete my clinical training, even if it was just for a month. In the future, I aspired to have a career as an emergency physician in disaster-stricken and destitute areas, supporting people who could not afford basic medical treatment. Therefore, my two primary goals for my clinical internship were "to learn about the treatment and care of multinational patients in the ethnically diverse UK" and "to learn about the NHS system that manages medical care for multinational patients." The NHS system, which administers the medical treatment of global patients, attracted my curiosity. When I visited the hospital, I met patients from a variety of backgrounds. I saw people in the TB outpatient clinic who had travelled by foot from Afghanistan to the UK and had most likely gotten the disease during that period. As Ramadan approached, the patient, a Muslim, was anxious that taking his prescription might be an offence of his religion. There were also numerous patients who spoke English as a second language and were nervous about seeking medical care. I was struck by the physicians' consideration for what was best for every patient, and I realized that the principle of "medical care is given equally to all people" was at the heart of their practices.

I was specifically astonished by the quantity of medical staff assigned to each patient, which I thought was unusual in Japan. Patients whose native language is not English, for example, are assessed through translators, and patients in respiratory distress are given the correct quantity of oxygen by a physio who precisely adjusts the ventilator to the patient's needs. The importance of interdisciplinary collaboration is extensively promoted in Japan, yet despite meetings for each profession, there appears to be little opportunity for patient-centered talks with other healthcare experts. However, it was quite pleasant to watch how each of the medical specialists in the United Kingdom, as experts, gathered information on the patient from all sides and communicated their findings.

It was an enjoyable opportunity for me to focus and be enthusiastic about what I was passionate about.

I could not have had such a rewarding clinical training experience without the help of the physicians and many other staff members. I eagerly await our next encounter someplace in the world where we may collaborate as the same "medical professionals." Thank you so much for making me feel so welcome as a part of your team.

<The University of Leeds – June 2023>

One-month clinical rotation in neonatal unit in the University of Leeds

Chiba University
OTSUYAMA Ayako

With support from Japan Medical Education Foundation (JMEF), I experienced a month of medical elective in the neonatal department in the University of Leeds. Each year, they provide medical elective positions at some universities in the UK to medical students in Japan. For application, the score 7.0 or up of IELTSs, a motivation letter and an interview session in Ochanomizu are required. In this program, students don't need to pay any tuition fee and receive JPY150,000 of scholarship.

Medical Elective

It was a great honor that Dr. Nicola Mullins, a consultant in the neonatal department, accepted to be my supervisor.

-ICU/HDU

I should write that one of my achievements is learning how to read blood gases. Although I had some knowledge of blood gas interpretation, it was usually about adults. In the neonatal unit, pH7.25-7.35 is the normal range as neonates are not good at regulating their pH because of their immature kidneys and lungs.

-Delivery suite

In LGI and SJUH, I joined 6 neonatal resuscitations. One of them is for a baby with congenital diaphragmatic hernia, which was conducted according to the guideline by NHS. In this procedure, the most important thing is that we need to intubate first. It impressed me how fast doctors and other staff members finished intubation and stabilized his respiration.

-Post-neonatal unit

NIPE is usually done in this unit. I observed some doctors did it and did it by myself. To examine the heart murmur and look at uvula were difficult parts for me, but others weren't harder than I had expected. I did some physical examinations for some ward babies. I could check conditions of babies in the correct order and report to others. One thing that I regret is the shortage of vocabulary which often made me frustrated when I tried to explain something was abnormal.

-Outpatient clinic

I attended four different outpatient clinics, which are specific to spina bifida (fetal medicine), congenital heart disease (fetal medicine), Heart murmur follow up and General neonate.

-At St James's university hospital

One of my goals was to consider a differential diagnosis. With some doctors, I examined one newborn patient who was lethargic and flaccid. The mother was infected by GBS, but he was term and the labor wasn't complicated or long. We agreed that sepsis was the most likely differential diagnosis. To treat him, we started antibiotics soon and took blood for culture. From this case, I found that I did not have much knowledge to exert when I needed them. Now as a medical student, anytime I could refer to my textbook, but in real situation, I don't have enough time to search and decide plans.

<The University of Leeds – June 2023>

Fabulous Experience and Outcomes at the University of Leeds

Juntendo University
YAMADA Haruka

I have completed a 4-week placement at Obstetrics and Gynecology at the University of Leeds from June 5th, 2023, to June 30th. This elective program enabled me to communicate with diverse patients, encounter various specialized outpatient clinics in obstetrics, see different kinds of delivery, learn about pain relievers during delivery, and observe the external cephalic version (ECV).

I communicated with various patients and met patients with different backgrounds. At Maternity Assessment Center, I had a chance to do history taking. I have done a history taking on a woman at 22 weeks gestation with a complaint of lower abdominal pain. I talked with the doctor, saw her together, and discovered that the abdominal pain was due to uterus stretching. Since the UK has many immigrants, I have met various people with diverse backgrounds. For example, I met a woman who refused a blood transfusion and a woman who underwent female genital mutilation.

Sitting at the clinics was very interesting since there were different specialized outpatient clinics like hematology, endocrine, diabetic, preterm, and miscarriage. I felt very interested to see a preterm clinic where there were pregnant women with a history of preterm birth. I was able to see a transvaginal ultrasound and determine the cervical length. It was surprising to know that not all pregnant women undergo this checkup.

I was very excited to observe different kinds of delivery and learn about additional pain relievers through this program. I saw normal deliveries, forceps delivery, and cesarean sections. It was astonishing to know that women in the UK can choose whether they would undergo normal delivery or cesarean section. In Japan, women can only go through a cesarian section if they have any complications. Learning about different pain relievers was new as well. I have yet to encounter different kinds of relievers like Entonox gas. It was also remarkable to see that midwives can deliver babies independently, while doctors should always stay with them in Japan.

I enjoyed observing ECV, which I had never seen before. I was able to see 5 cases, of which 2 were successful. Those who were successful were pregnant women at 37 weeks gestation, and those who were unsuccessful were those at 38 weeks gestation. The earlier you do the ECV, the higher the success rate.

Communication Skills Session and Clinical Skills Teaching were beneficial and interactive. The Communication Skills Session enabled me to understand my behavior during communication. I rarely had a chance to look at myself objectively, so this session allowed me to know what I could change to communicate better. The Clinical Skills Teaching was very interactive, and I was able to do a venous puncture under ultrasound which I have never done before.

It was an excellent opportunity to study at the University of Leeds and interact with doctors, midwives, staff, and patients. The program allowed me to learn things I could not know in Japan.

I would like to thank all the doctors and midwives who taught me through my rotation and the staff who supported me through the application.

<The University of Leeds – June 2023>

Medical Internship at the University of Leeds

International University of Health and Welfare
YOSHIDA Yumiko

When I learned about the internship program at the University of Leeds and had the opportunity to read past reports, I was fascinated by the enriching experiences of senior students who had participated in the program. I have a particular interest in the field of obstetrics and gynecology, especially reproductive medicine, and knowing that the UK has a well-developed system in this area, I was eager to see the environment firsthand.

An aspect I found particularly intriguing in the outpatient department was the patient-oriented approach of healthcare in the UK. When explaining the patient's condition and treatment, the doctors always used specific numbers such as "1 in X" to provide a clear context. This is made possible because the medical records are standardized nationwide in the UK, making data collection easier and guidelines more detailed. The remarkable aspect of this system is that patients can receive the same quality of healthcare regardless of their location across the country. I felt that this environment also facilitates participation in large-scale clinical researches.

I was also able to observe the Pre-implantation Genomic Testing (PGT) clinic. In the UK, PGT-M covers over 600 genetic conditions. I was impressed by the wide range of conditions covered and also humbled by the emotions of patients with genetic diseases. In Japan, the conditions eligible for PGT-M is limited, and the screening process is rigorous. There is a concern that selecting embryos without genetic diseases would lead to discrimination against patients and families with such conditions. However, many patients in this clinic strongly wished for PGT-M because they did not want their children to suffer from severe genetic diseases like themselves. I realized the importance of incorporating the voices of patients and their families as valuable data when creating new treatment policies.

By interning within the healthcare system of the UK, I now have a much clearer understanding of both the strengths and weaknesses of Japan's healthcare system. In particular, my focus on reproductive medicine has allowed me to appreciate the areas in which Japan needs to develop its healthcare policies. I am truly grateful for the opportunity I have received to have gained even a small understanding of this aspect.

I would like to express my heartfelt gratitude to Dr. Carrie Lenton, Dr. Etienne Ciantar, and all the other staff members who supported me during this internship. Their guidance and support have been invaluable to me.