

# Reports on Clinical Elective Attachment Programme in the UK (2024)

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<Newcastle University – March 2024>

## *Absolutely Happiest Ever Experience*

Tottori University, Faculty of Medicine  
AOKI Yuna

I was so grateful to be a member of the elective students group at Newcastle University, a prestigious program offering unique medical student opportunities. These opportunities included gaining practical experience in a global healthcare setting, observing and participating in complex medical procedures, and interacting with diverse patient populations. I couldn't have done it without the invaluable support of everyone involved.

During the first week, I faced some specific challenges in the medical environment. I found it initially difficult to understand the local accents and communicate effectively in English, which was crucial for patient interactions and understanding medical procedures. I also struggled with the fast-paced environment, where quick adaptability was vital.

The improvement in my language comprehension and communication skills should be attributed to the constant conversation, including many trials of asking questions to senior doctors and altering my language in my brain so that I could quickly respond to situations. As the days progressed, I adapted more and more to the medical environment. I was entrusted with tasks involving blood and cannula, which allowed me to develop practical skills and gain confidence in my abilities. I was also able to conduct medical interviews and physical examinations, honing my communication and diagnostic skills. I found that these procedures can be tools that allowed us to build rapport.

One of the most profound experiences during the elective was observing an outpatient clinic for pediatric cardiology. The clinic primarily served patients who had undergone surgical treatment for congenital heart disease and required regular medication and follow-up visits. Witnessing the resilience and courage of these young patients, who, despite their medical conditions, were brimming with life and energy, deeply moved me. This experience solidified my unwavering commitment to pediatric cardiology. My aspiration to save children is now crystal clear. This deep desire has been shaped by the observation in the theatres and the ward during the elective. I had the privilege of observing the Ross-Pears and Arterial Switch procedures for the first time. These complex and intricate surgical procedures require a high level of skill and precision. The operational procedure techniques were so artistic and precise that I was truly blown away, and I desired to perform those procedures to save as many rescuable lives as possible. This excitement made me draw every step of the method, like how to reconstruct coronary arteries and rebuild the pulmonary artery root with the pericardium. It was tough because it was going on quickly, and I had to keep up with it while understanding the meanings of every single step. I tried to figure out the role of cannulating and how to stitch vessel to vessel, whether it goes inside to out or out to inside and what made the difference. After the final theatre, the consultant doctor, one of the only three female pediatric cardiology surgeons in the UK, talked to me because she saw me drawing. She invited me to her office to show me her drawings over 20 years and complimented me: "You are doing very well; you reminded me of me twenty years ago; I feel like seeing myself at a younger age."

Every aspect of my journey has also instilled in me a deep sense of adaptability and openness to new experiences, which has been a crucial factor in my personal and professional growth. This journey has been nothing short of life-changing, and I am now more motivated than ever to be a good doctor.

<Newcastle University – March 2024>

## *A place to Remember*

Fukushima Medical University  
IKUNAGA Arisa

### 1. Introduction

I express my deepest gratitude to the Japan Medical Education Foundation (JMEF) for their generous support, which provided me with the opportunity to undertake a four-week clinical training in Newcastle, UK. This invaluable experience has led to meaningful encounters and a profound shift in my perspective on life.

### 2. Clinical Training Experience

At the Royal Victoria Infirmary (RVI), I had the opportunity to observe GI Surgery, Infectious Diseases, Pediatrics, and GP services with the Benfield Park Medical Group.

In GI Surgery, under Mr. Gallagher's guidance, I participated in surgeries, ward rounds, and performed various procedures such as blood sampling. I felt that patients had a better understanding of their treatment, as they were well informed about procedures like cannulation and blood tests, with the foundation doctors providing clear explanations. I was amazed by the different approaches to patient education, such as summarizing medical records on a board for easy patient access, as shared by a Hungarian exchange student.

During the Infectious Diseases rotation, under Dr. Price's supervision, I toured the wards, HIV, and TB clinics. The patient population was diverse, with individuals from Africa, the Middle East, and Asia presenting various symptoms. Some patients were asylum seekers from impoverished countries like South Sudan, having endured torture and perilous journeys, with associated psychological issues like PTSD. Patients from high-risk countries for diseases like tuberculosis and HIV presented unique challenges, with some being non-communicative and difficult to diagnose. Screening for parasites and other pathogens added to the complexity, providing insights into the UK's approach to imported infectious diseases.

In Pediatrics, I had the opportunity to spend two days observing. During outpatient visits, I was impressed by the distribution of charity-made coloring books, designed to entertain children, showcasing the charitable culture in the UK.

In the General Practitioner (GP) practice with Dr. Coulthard, remote consultations were prevalent, with a workflow involving triaging patient requests via computer, followed by phone consultations for necessary cases, and in-person consultations for urgent matters in the afternoon. I found the ability for patients to access their medical records particularly interesting, as it encourages them to take an interest in their health. Through this experience, I recognized language, religious, immigration, and legal differences are the significant barriers to multicultural coexistence in the UK.

### 3. Conclusion

I would like to extend my deepest gratitude to JMEF and Dr. Price, as well as everyone who contributed to making this program possible. I am also thankful for the guidance of my academic mentors, the encouragement of my peers, and the unwavering support of my family throughout this journey. Thank you.

<Newcastle University – March 2024>

### *Reminiscent Newcastle Days*

Hamamatsu University School of Medicine  
TAKAHASHI Adam

It was my honor to be a member of Japan Medical Education Foundation (JMEF) student team engaging in an elective at Newcastle University in March 2024. I am grateful to JMEF and all the other people who supported me in every aspect of my participation in this program. Those include the doctors and the staff at Hamamatsu University School of Medicine as well as Newcastle University, my friends, and my family. I would like to acknowledge my special thanks to Dr. Macfarlane and Dr. Price who organized my stay and welcomed me to their teams.

I spent 2 weeks with Dr. Macfarlane and his Respiratory Medicine team, and 2 weeks with Dr. Price and his Infectious Diseases team. Both specialties were based at Royal Victoria Infirmary (RVI), the tertiary care hospital affiliated to Newcastle University. I also had an opportunity to visit a GP clinic for one day supervised by Dr. Coulthard. In this letter, I would like to review my experience at Newcastle University, hoping this will provide useful feedback to students and doctors from both the United Kingdom and Japan.

Throughout my elective in the United Kingdom, I appreciated patient care which was provided by a team of professionals with highly diverse knowledge and backgrounds, which included an active discussion on patients. The patients were reviewed in daily morning meetings by a team which included doctors, nurses, physiotherapists, and pharmacologists. I was impressed that all of them were working together enabling them to have continuous communication. On one occasion, when there was a patient who needed an evaluation of the motor function, a doctor only had to speak to a physiotherapist who was at the staff station to undertake the order. Through this experience, I realized that well established communication also makes clinical practice more efficient.

It was also worth noting that specialty doctors in RVI routinely evaluated the mental and social health of patients during their consultations. By observing this practice, I realized that many patients have mental and social issues in varying degrees, which is not surprising given that any medical condition can have a negative impact on this aspect of well-being. However, patients have a tendency not to talk about it until asked by the doctor. I learned that it is essential for all doctors to provide the most basic primary care for mental and social issues in order to offer good patient care. Furthermore, I think this is what makes a healthcare provider show compassion, potentially leading to a better relationship with patients.

Medical education in the hospital was different from that in Japan. While at my university in Japan the emphasis is on summarizing and presenting the disease course of the inpatients, I was surprised to see that students in the United Kingdom are actively involved in the hands-on procedures in the hospital. They were routinely gathering the history of patients and performing physical examinations in the outpatient clinics as well as in the GP clinic. I think this helps in attaining basic clinical skills more naturally and with a better understanding.

It was nice to see Japanese products and medical devices being used in the hospital in the United Kingdom, such as microscopes, patient monitors, virtual slide systems, and X-ray machines. I am glad to know that Japan is contributing to healthcare in different parts of the world. I think studying abroad not only opens one's eyes to the world outside, but also offers incredible opportunities to look at the world from new perspectives.

I appreciate the opportunity I was given to broaden my horizons with such unforgettable and rewarding experiences.

<Newcastle University – March 2024>

## *A Midwinter Night's Dream in Newcastle University*

Nagoya City University School of Medicine  
NAKAGAWA Asako

Firstly, I would like to express my gratitude to everyone at the Japan Medical Education Foundation for graciously sending me off, to the professors at Nagoya City University, and to the people at Newcastle University. Furthermore, I extend my deepest gratitude to Dr. Price for providing this wonderful opportunity and for offering support both on and off duty, to Dr. MacFarlane and the respiratory medicine team for their sincere guidance, to Dr. Frew and everyone at Northern Center for Cancer Care (NCCC) for sharing the allure of Oncology, to all in Pediatric Oncology, and to the dear nurses in Palliative Care Unit. I am profoundly thankful to each of you. I am also grateful to Dr. Coulthard for providing me with valuable experiences during the GP training. It seems my journey as a physician has certainly been transformed in this past month. The days spent in Newcastle rekindled my fascination with medicine. Everything I witnessed appeared fresh to me.

During the first two weeks, I undertook my training in Respiratory Medicine at RVI. The main components of the training involved ward rounds on general wards and observing clinics, where I had the opportunity to diagnose various respiratory illnesses. I was impressed by the doctors' ability to express conditions in understandable terms without excessive use of medical jargon and their encouragement towards patients. Given the freedom to visit the wards during self-directed study time, I approached patients who were relatively more communicative and conducted simple physical examinations. I found the clinics in the UK to be superior in terms of voice input and simultaneous translation. Of particular interest to me was the Cystic Fibrosis (CF) Clinic. CF is a hereditary condition prevalent among people of European descent, rarely seen in Japan.

During the third and fourth weeks, I had the privilege of visiting NCCC, the largest cancer treatment facility in northern England. Within NCCC, there are dedicated wards for chemotherapy and sections for radiotherapy, where clinical oncologists, each specializing in their respective fields, carefully consider the optimal treatment for patients. I had the chance to observe actual radiotherapy sessions while touring the facility. As it is a cancer centre, there were a significant number of severe cases such as distant metastases. Throughout the observations, I had numerous conversations with patients with poor prognoses, many of whom were nearing the end of life. The Pediatric Oncology rotation was undoubtedly enriching. During outpatient visits, I observed clinics for hematologic malignancies such as Acute Lymphocytic Leukemia (ALL), solid tumors, and brain and nervous system tumors. As in Japanese children's hospitals, there were many severely ill children requiring palliative care. I was in awe of the parents' resilience. Children's lives are long, and being able to watch over them through treatment is a significant attraction of the pediatric field. I feel I had an unparalleled experience.

On the Tuesday of the fourth week, I accompanied a nurse specialized in Palliative Care and participated in counseling sessions with patients requiring palliative care. The words spoken during that time will undoubtedly guide me firmly on my path as a physician.

I'll leave the serious reflections to my peers and conclude this report with my favorite phrase: "Do not, for one repulse, forego the purpose that you resolved to effect." This quote from Shakespeare's *Tempest* is incredibly famous, but whenever I felt discouraged during my study abroad in the UK, I meditated on these words. I will never forget my four weeks in Newcastle. My heartfelt gratitude to everyone involved.

<St George's, University of London – March 2024>

## *Clinical Placement at St George's, University of London*

Tokyo Medical and Dental University

KURE Meiki

I was given the opportunity to participate in a four-week clinical placement in the Paediatrics Department at St George's, University of London (SGUL). Through this placement, I was able to gain numerous insights by participating in a wide range of specialities, including the general wards, infectious diseases ward, various clinics, paediatrics emergency department, PICU, NICU and paediatric surgery.

In both wards and clinics, I was impressed that doctors take time in history taking and examination, listening carefully to the complaints of patients and their families. In addition, doctors always keep the social and psychological aspects of the patient in mind, asking about the composition of family members, the school they attend, their studies and relationships with friends and teachers at school. The importance of careful communication was reaffirmed not only for the diagnosis of functional diseases but also to build trust between doctor and patient. I also gained knowledge on how to do interviews and examinations for children and some examination techniques that were different from those in Japan. Regarding diseases unique to London, I was surprised that there was even a special clinic for sickle cell patients, which is rarely seen in Japan due to racial differences. Additionally, many patients with vitamin D deficiency were seen due to the short daylight hours of the British winter.

I have noticed that functional differentiation between specialities, professions, and facilities is highly developed in the UK. There was a diverse range of specialities in clinics and those I saw alone included general paediatrics, cardiology, neurological disorders, infectious diseases, immunology, asthma, sickle cell and allergy. The transition from paediatric to adult care is also carried out precisely between the ages of 16 to 18, while patients over 20 y.o. are frequently seen in Japanese paediatrics. The role of care is also distinguished between facilities. For example, the treatment of leukaemia and febrile neutropenia is shared between local hospitals and the infectious diseases unit of the SGUL respectively. Community care includes GPs as well as community nurses and Children and Adolescent Mental Health Services (CAMHS) in each area. As a result of the increased differentiation, cooperation and information sharing between facilities is developed. Referrals from GPs are sometimes received by telephone in urgent cases, in addition to referral letters; GP referrals are managed online by the NHS e-Referral Service. The digitisation of referrals is still a challenge in Japan.

Whenever I worked with SGUL medical students during the placement, I was surprised at how enthusiastic and skilled they were. They gain experience in placement since their first year and have many opportunities to practise history taking and examination with real patients. When I practised medical interviews with an SGUL student, I was very impressed by the smooth and efficient way in which she elicited information and gave accurate assessments. There was also a simulation, in which students performed procedures on a paediatric simulator based on a given scenario. Doctors also do the simulation in the same way, so I could see that students are trained at a high level.

This time, at SGUL, I was able to witness the UK medical setting, learn from a wide variety of cases and deepen my understanding of the UK healthcare system and the way doctors and students work. I would like to express my sincere gratitude to all those involved who made a great effort to make this elective placement possible. I would like to make use of this valuable experience and continue to study hard so that I can contribute to Japanese healthcare in the future.

<St George's, University of London – March 2024>

### *My Medical internship at St. George's University of London*

Kagoshima University  
SAKAMOTO Yoshiho

I studied nephrology as an elective at St. George's University of London from the 4th to the 28th of March 2024.

Above all, I am deeply grateful to those who made it possible and supported me during the internship. Thanks to the wonderful individuals at both the foundation and my university, as well as the doctors, healthcare professionals and my fellow students at St. George University of London, this has been an invaluable experience for me. I am particularly thankful to Prof. Banerjee for his abundant support and wealth of knowledge, as well as to Dr. Popoola, Dr. Khan, Dr. Sagar, other doctors involved in Prof. Banerjee's clinical research, and the team at the Champney's ward.

During this internship, I experienced and learned a lot of things, including participating in ward rounds, clerking, teaching, and observing the clinics (St. George's University hospital, Kingston hospital, and The Nelson Health Centre). I also had opportunities to do presentations about aplastic anemia and kidney transplant. One notable fact is that Japan has far fewer kidney transplantations than the UK and yet the life expectancy of dialysis patients is much longer in Japan. It was also a fascinating experience to learn about the differences in healthcare provision brought about by this.

Furthermore, I aspire to conduct clinical research abroad in the future, and I had the several opportunities to observe the outpatient clinic specializing in clinical research that Prof. Banerjee is currently involved in.

Due to space limitations, I can't provide detailed examples, but I've genuinely experienced contrasting healthcare approaches between Japan and UK. Witnessing healthcare practices that operate differently from those in Japan has prompted me to contemplate what should be offered as medical care in modern-day Japan, where significant changes are being sought.

For instance, there is a well-established division of labor between doctors and other medical professionals, where stable patients in the acute kidney failure outpatient clinic are often consulted by dietitians rather than physicians, concluding the session. Additionally, the morning conference materials include sections where nurses outline the care plan for each patient for the day, and I didn't sense the hierarchical structure as strongly as in Japan.

One of the unexpectedly delightful experiences was meeting one exchange student from Malaysia. She was very charming and proficient in English. I spent a lot of time with her, along with Limeisa and Meiki. From these three, I learned not only knowledge but also a lot from their personalities. The enjoyable times spent with them during the unfamiliar internship were often what kept me going.

Despite the short duration, being placed in an environment with entirely different cultures has made me more aware of who I am relative to others and has provided an opportunity for deep self-discovery.

I hope to take what I've learned from this amazing experience and use it to shape my future.

<St George's, University of London – March 2024>

## *Fantastic Experience at Plastics in St. George's*

Tokushima University

Limeisa

I was very belated when I got chosen as one of medical students from a well-known trust foundation in Japan to go for an elective placement in the UK. As an international student in Japan who came from a middle-class family, I realized early on that I don't have a lot of privileges that other Japanese have. Even so, I have a big dream to be a doctor that can work without being bound by country borders, so I always want to do an elective abroad to learn about the differences between medical system between nations.

My passion in medicine lies in Emergency Trauma Care, so for my elective placement at St. George's I initially chose Accident & Emergency as first choice. However, in the end I got placed in Plastic Surgery department. I was honestly a bit disheartened, but later on during my elective I realized that Plastics in the UK handles trauma-related cases much more than Japan. From what I experienced these 3-weeks, I can say that they are vastly different. The biggest difference personally is the sheer amount of day surgeries here, or even the concept of day surgery at all. At my second day of elective, I was offered a chance to observe surgeries at DSU (Day Surgery Unit), but I was taken aback because I have never heard of the term 'Day Surgery' up until then. Then I went to see the surgeries and learned that for small, localized surgeries in UK you can send the patient back home on that day or the day after. In Japan, typically for cases as such the patient are guaranteed hospital stay for a few days, even for just a tendon repair. Sending back patient just a few hours after the surgery is just unheard of.

In navigating between all these differences between how medicine is done in both countries, I was immensely helped by the doctors in Plastic Surgery department. I especially want to express my utmost gratitude to Siobhan and Inez, talented and kind registrars who kindly answered any questions no matter how trivial they are, which created an atmosphere that motivated me to learn as much as I could. Siobhan was the one who made me a schedule to follow, but she still gave me leeway so I could go see anything else I find interesting. Thanks to her I was able to see and scrub in for cases that are quite rare in Japan, such as Dupuytren's and dog bite cases. Inez is my favorite registrar for theatre, because she is an amazing surgeon and she trusted me to do some hand-on skills that even I never learned in university, such as mixing local anaesthetics and wound dressing.

On weekends or when the day ended early, I went with other visiting elective students to central London, and we went to museums, musicals, or just enjoying the city sight. Personally, London's public infrastructure is highly efficient, and the customer service were kind and felt really sincere. The city was no less than warm and vibrating with vitality, with a nice mixture of modern and classic architecture painting the cityscape. The mix of old and new, all the different cultures apparent in food and people and languages, but they all share the same thing: home, which I also felt even though I only spent a little less than a month here.

I am glad that I could go for elective at St. George's, because I was able to experience all of the wonderful things, see the beautiful sights, and most importantly, met the wonderful people at the hospital and the people in London. Finally, I wish to express my heartfelt gratitude for JMEF who made this elective program possible, to Professor Hashimoto from Plastic Surgery Department and other staffs of Tokushima University who supported and helped me during the whole process, and to Meiki, Yoshiho, and Yu Rou, 3 kind and wonderful people who made my whole elective experience memorable.

<St George's, University of London – May 2024>

### *Wonderful four weeks at St. George's*

International University of Health and Welfare

FUJIMORI Hiiro

Firstly, thank you so much for giving me the chance to take a four-week elective in St. George's, University of London. I could spend fruitful time there.

Before I participated this elective, I set two goals. One of them was to learn about the kidney transplant in the UK, since there aren't many cases in Japan and I didn't have a chance to learn about it before. The other goal was that I wanted to learn about what words or phrases the doctors actually use for the patients in the real clinical settings.

For the first goal, I could observe the whole flow of kidney transplant that the patients and their family would go through from the donor initial assessment to kidney transplant surgery, acute post-transplant clinic, and chronic post-transplant clinic. The system regarding kidney transplant that I impressed the most was "Living Kidney Sharing Scheme". If you want to give your kidney to your loved one but your HLA type or ABO blood group doesn't match with him/her, this is where it works. You'll be matched with the other pair who is facing the same problem. Your HLA type or ABO blood group is matched with the recipient of the other pair and your loved one's HLA type or ABO blood group is matched with the donor of the other pair. This can give much more opportunities for the kidney disease patients to take transplants. I felt this was a great system.

For the second goal, I could learn lots of words or phrases that are used in the clinical settings. In Japan, we have a specific phrase to say when the patients leave the room, so I especially wanted to know what doctors in the UK say to the patients. When patients leave the room, they say "take care". Those are simple, but can only be learned when you actually in the clinical settings. I also found it interesting to hear the phrase when they insert the needle to the patient's arm to draw blood, which was "sharp scratch".

London was a place where there are lots of people came from different countries and each person has a different socioeconomic background. And depending on what countries they came from, their lifestyle and what they eat daily is different. It's very important to know about those when you see the patients, especially nephrology patients. They need to control their electrolytes levels to manage their kidney diseases and what they eat daily really matters. In order to give them good dietary advice, I need to know more about the world and different cultures. I saw several patients with sickle cell nephropathy in general nephrology clinic. I've never seen a sickle cell patient in Japan before, so that was very good experience for me. Through this experience, I also think it's important to learn about specific diseases that are prevalent in certain countries.

Outside of the hospital, I really enjoyed exploring London and the time at Horton Halls where I shared the flat with other elective students who came from Hong Kong, Egypt, and Belgium. We cooked dinner together and talked about a lot of things. I'm really glad that I could get to know them during this elective.

Finally, I'd like to thank all the people who supported me before and during the elective. This was my second time to go to the UK, but every time I felt the warmth of people. I love the people there and its welcoming atmosphere towards people from different countries.

<University of Glasgow – March 2024>

### *My Wonderful Experience at University of Glasgow*

Gunma University  
TAKAHASHI Ayaka

Thanks to the support from Japan Medical Education Foundation (JMEF), I had the privilege of participating in the Clinical Elective Program at University of Glasgow from March 4 to 28, 2024. Over the course of one month, I was able to broaden my perspective on global healthcare and my role as a medical student and enhance my medical knowledge. I would like to extend my deepest gratitude to JMEF for affording me this remarkable opportunity, to the faculty at Gunma University, Dr. Basith Amjad, the physicians, and medical students for their unwavering support in facilitating my rotations across various pediatric specialties.

Each day, I engaged in practical training across various pediatric specialties at Royal Hospital for Children in Glasgow (RHCG). I detail the experiences that left a lasting impression at Surgery (Theater) & General Surgical Clinic. I primarily observed pediatric urological surgeries. I observed various procedures, such as orchidopexy for undescended testes, dorsal slit and circumcision for phimosis, and pyeloplasty for ureteropelvic junction obstruction. Additionally, I had the privilege of scrubbing in and assisting during surgeries. During postoperative follow-up in the outpatient clinic, I participated in the care of patients with conditions such as spina bifida and neuromuscular disorders. The seamless collaboration among neurologists, urologists, and orthopedic surgeons in addressing complications such as urinary retention and autonomic nervous system disorders was particularly noteworthy.

I distinctly recall Dr. Basith, my supervisor, remarking on the first day, "You are the fourth elective student we've hosted, and the first from Japan. We consider you as a representative of Japan, Ayaka." His words instilled in me a profound sense of responsibility. On the final day, he graciously extended an invitation to his home for dinner and shared heartfelt sentiments, saying, "Just as you've gleaned insights during this month, we too have learned a great deal from you, Ayaka. Regardless of the era, prioritize humanity, hard work, dedication, and equanimity in your medical journey." He also expressed a warm invitation, "Come back to Scotland soon."

Reconnecting with patients who eagerly awaited my return to the hospital during subsequent visits was profoundly touching. This experience reaffirmed that medicine transcends generations, borders, and languages, uniting humanity through shared values. I am committed to applying the knowledge acquired during this enriching experience to my journey as a physician and endeavoring for continuous growth. Thank you immensely.

<University of Glasgow – March 2024>

### *Clinical elective in Glasgow*

Osaka University Faculty of medicine  
MATSUO Masaaki

I had the privilege of participating in the clinical Elective attachment program in the UK, which allowed me to study at the Hematology Department of the University of Glasgow. During my one-month placement at the Glasgow Royal Infirmary and Beatson West of Scotland Cancer Center, I not only deepened my knowledge of hematology but also had the invaluable opportunity to immerse myself in the distinct culture, social context, and healthcare system of the United Kingdom and Scotland, which is deeply connected with their health system.

My clinical practice primarily focused on non-malignant hematology cases related to coagulation disorders, thrombosis, and rare conditions like sickle cell disease—cases that are much less common in Japan. These experiences enriched my understanding and broadened my perspective on hematology. Notably, during the Hematology-Obstetrics outpatient clinic, I delved into the management of sickle cell disease patients during pregnancy, which was an incredibly enlightening experience.

In the third week, based on my preferences, my supervisor arranged for my program to take place at the Beatson West of Scotland Cancer Center. At this hospital in Glasgow's western region, I engaged with cases of leukemia and other malignancies. Training in the morning were spent taking part in ward rounds alongside senior physicians, registrars, and medical students from Glasgow University. In the afternoons, I mostly took part in clinic-based practical sessions with senior doctor. At this hospital, I was able to experience plenty of cases that presented quite different symptoms from those of the Glasgow royal infirmary, and I learned a lot from them. Furthermore, I was able to reaffirm that hematology is a very fascinating department that can treat a wide variety of patients.

Besides hematology, I was also interested in the British health care system and public health social issues. I asked many questions to the doctors about these issues in between visits to the clinic, and they were kind enough to tell me about various aspects of British healthcare and we had many discussions about healthcare issues in each other's countries. I learned about the National Health Service (NHS) and Glasgow's healthcare challenges. Simultaneously, I had the chance to share insights about Japan's healthcare system. This exchange allowed me to appreciate both systems and reevaluate Japan's approach.

Despite the brief duration of one month, my exposure to the British clinical experience enables me to broaden the sight about various medical issues. Learning about the British healthcare system was enlightening, and it prompted me to reexamine Japan's practices. This experience has left an indelible mark, and I am sincerely grateful to everyone who supported me.

I would like to thank Japan Medical Education Foundation, the doctors and the medical staff at Glasgow University and my family. None of this would have been possible without all the support, and for this experience.

<University of Glasgow – March 2024>

*Elective at Golden Jubilee University National Hospital*

Nagoya University  
MIKI Yuka

It was an honor learning at the Golden Jubilee University National Hospital (GJUNH). I have always longed for studying in the UK and finally it came true. I appreciate this priceless experience and everyone who supported me to study at Glasgow.

I found medical service at GJUNH's cardiology department very specialized, and every medical professional dedicated to their own specific roles. It enables staff to spend much time on single patient to support them both physically and psychologically. It is important to sort patients to the most suitable medical care team or institutes depending on patients' conditions. This made to order treatment is especially demanded in Japan nowadays. I believe we have something to learn about it from Scottish medical system.

Scottish Adult Congenital Cardiac Service (SACCS) team especially made me keen on studying. The patients' conditions were very specific and I have never seen those patients before. It was astonishing to study about patients who underwent the mustard procedure for Transposition of Great Arterioles, who have Fontan chambers, and other congenital heart diseases such as left ventricular isomerism, double outlet right ventricle and so on. If I had not been given this opportunity, I would have never been deeply immersed in this professional environment.

Cardiologists and nurses understand patients' demands and worries to support them kindly. I was surprised to see cardiologists spend a lot of time on listening to patients' social stories. I remember a patient at clinic who is on the heart transplant waiting list. She is highly ill, but she cannot stop working to have a day off because she was afraid of noticing her weakening. A consultant cardiologist in the clinic, Dr. Walker, had to suggest her admission on that day because of her aggravation. Dr. Walker listened to her daily story and emotion. I felt cardiologists at SACCS team prioritize patients' personal life, and try to gain full consent from them.

Also, staff at the GJUNH was so kind that they provided me with encouraging learning environment. Cardiologists and advanced clinical nurse specialists taught me about pathology of each patient. I was excited to learn about a variety of ACHD and would like to express my gratitude to people who has made me enthusiastic to study more about ACHD.

I will keep what I learned and people's kindness at GJUNH in mind to become a doctor who provides suitable environment to each patient. I cannot be more grateful to Dr. Rocchiccioli, who accepted me, also SACCS team, including Dr. Hunter, Dr. Walker, Dr. Veldtman, and Dr. Rush and every advanced clinical nurse specialist. Also, a secretary, Ms. Forbes always supported me. I hope I will be able to return to GJUNH to see them again.

<University of Glasgow – March 2024>

## *My Wonderful Experience in Glasgow*

University of Tsukuba  
MORIKAWA Ayako

I want to extend my sincere gratitude to everyone who supported me in my clinical training. I would like to thank the Japan Medical Education Foundation, Dr. Julie Arthur, who kindly accepted to become my supervisor and arranged a fulfilling and wonderful experience for me, and many medical staff who warmly welcomed me and kindly supported me in each elective place I went to.

For the first week and last week, I rotated through East Child and Adolescent Mental Health Services (CAMHS), which provides outpatient treatment for young people with mental issues. Dr. Julie readily prepared many chances to see interesting interviews with patients. Also Dr. Vivek was very nice to me and gave me mini lectures and answered any of my questions. At first, I could not catch all of the words that the patient and their family said, but every time I asked something I couldn't understand, all the medical staff in East CAMHS kindly explained about it to me. The medical staffs were really gentle and friendly to me, and they were willing to let me join their interview, chat with me, invite me to the hospital's recreation, and even gave me farewell shortbread, which made me feel at ease and not lonely at all.

I spent my second week in Skye House, one of the hospitals that provide inpatient treatment for 13-18 year-old patients with mental illness. There, I met Dr. Pedro, who was a really easy-going person and had a true passion for his work and education. He taught me many tips to become a good psychiatrist. He told me that since I'm a trainee, I should make many challenges to learn, and during the challenges I will make many mistakes, but then I can try it in a different way next time. Such encouragement gave me the courage to challenge things. Also, Dr. Lina was always really kind, cheerful, and nice to me. She always willingly helped me, asking if I had any questions, and often gave me supplementary explanations to help me understand what was going on.

In the third week, I had a chance to see the East Renfrewshire CAMHS. Dr. Fiona, Dr. Oates, David, and all the medical staff who took care of me were really kind and nice to me. Also they often invited me for a cup of tea, which made me very happy. I'd like to thank you from the bottom of my heart. I had many chances to see interesting interviews there too. Also, I could see Royal Children's Hospital, which gives inpatient treatment for under-13-year-olds with mental illness. The hospital was light and there were many art works which the patients made. Dr. Sarah kindly guided me around the ward and gave me the chance to interact with patients. I joined the "Self-esteem class" and spoke with patients, from which I learnt a lot.

The time I spent in Glasgow was a really unforgettable and life-changing experience for me. My will to specialise in Child and Adolescent Psychiatry has grown stronger and stronger. I am truly grateful that I could do clinical training at a child and adolescence psychiatry department in the UK, which I had dreamed of. This month-long training was the most exciting I've ever had, and I felt that I want to learn more than ever before. I would like to express my sincere gratitude to everyone who helped me during my training. I'm really thankful to all of you.

<University of Leeds – June 2024>

## *Transformative Insights from My Experience in the University of Leeds*

Hiroshima University  
UEDA Ryohei

Thanks to the support from the Japan Medical Education Foundation and the University of Leeds medical elective teams, I learned numerous things ranging from medical knowledge to cultural differences between the two countries. This experience has profoundly changed my perspective on the kind of doctor I aspire to be and what constitutes "better" medicine. My primary purpose in applying to this program was to seek solutions for the healthcare system in my home country, Japan, which is facing an imminent risk of collapse due to the surging burden of social welfare. I was very curious about how the UK's NHS has managed similar challenges as a socialised healthcare system while maintaining the highest quality of medicine in the world.

During the program, I was assigned to the Respiratory and Cystic Fibrosis department under the guidance of my esteemed consultant, Dr. Clifton. He understood my goals and created an ideal environment for me to immerse myself in the NHS system. In this report, I will share my impressions of the NHS from the perspective of a highly specialized unit, focusing mainly on two topics: the socialised system and teamwork in NHS medicine.

There are many aspects of the NHS that Japan should emulate, particularly in terms of information management and the emphasis on cost-effectiveness and patient needs. As one of my consultants mentioned, and as patients agreed, there is a shared belief that the NHS is a national asset where almost all information is centralised and used to improve clinical medicine. By analysing this compiled information, limited medical resources can be appropriately allocated nationwide.

Regarding Kaftrio, a groundbreaking medication for cystic fibrosis, NHS England can negotiate effectively with foreign pharmaceutical companies due to the unique advantages of its socialised healthcare system. The NHS's extensive and centralised patient database creates an ideal environment for clinical research. Despite the UK's smaller population compared to markets like the US or China, these companies are reluctant to abandon the UK market. This demonstrates how the NHS's structure allows the entire population to reap the rewards of an efficient and socially equitable healthcare system.

I also had the opportunity to work with other health professionals, such as nurses and pharmacists. I was quite astonished to learn that some independent nurses and all pharmacists are permitted to prescribe medication within their scope. They always collaborate with doctors and other professionals and hold daily team conferences. In the NHS, I consistently felt a sense of non-hierarchical teamwork, which is primarily facilitated by regulatory reforms, as seen in the prescription process.

Having said that, it is also true that the NHS faces many challenges, such as long waiting lists. The system may not be perfect, but it has continually confronted and adapted to these problems to retain its core values over time. Although we work in different countries, we share the underlying value of serving patients.

I will never forget my experience with the NHS and would like to express my deepest appreciation to everyone who supported me in this program.

<University of Leeds – June 2024>

## *Invaluable Experience at the University Of Leeds*

Juntendo University  
SATO Taiki

I participated in a clinical training programme at the University of Leeds, supported by the Japan Medical Education Foundation (JMEF). Considering the ongoing crisis in the Japanese healthcare system, I believed that experiencing the British healthcare system, which shares similarities with Japan in terms of universality and comprehensiveness, would provide a valuable perspective for evaluating Japan's healthcare system. Additionally, the opportunity to observe medical care that is conscious of multicultural and multi-religious factors in a diverse country like the UK was a key reason for applying for this placement at the University of Leeds.

I was originally assigned to the Paediatric Intensive Care Unit (PICU). However, my supervisor, Dr. Ramesh, kindly facilitated my observation in other departments, allowing me to gain experience in PICU (1 week), Paediatric Nephrology (1 week), Paediatric Hepatology (1 week), Paediatric Endocrinology (2 days), Paediatric Radiology(1 day) and Paediatric Heart Surgery(1 day).

In PICU, due to the complexity of the cases, the ward rounds included detailed explanations of each case. The discussions were interactive, involving questions on fundamental topics and differential diagnoses, which facilitated a deeper understanding and review of my knowledge. A particularly memorable case involved a patient who suffered brain death following a paracetamol overdose. After completing the necessary tests, the brain death was confirmed, and the doctor consulted with the family about organ donation. However, the patient's family, being Hindus, firmly declined due to their belief in the body's wholeness affecting the afterlife. This experience highlighted the significant impact of religious and spiritual beliefs on medical care in a multicultural society.

I participated in transplant meetings, dialysis unit observations, and chronic kidney disease outpatient clinics in the Nephrology department. During my time in the dialysis unit, I engaged in discussions with dialysis nurses about the differences in Home Haemodialysis (HHD) adoption rates between Japan and the UK. The NHS actively promotes HHD, providing patient education programmes and visit support, increasing the adoption of HHD in the UK. However, the need for thorough training on dialysis machine operation and emergency procedures presents a challenge to its adoption in Japan.

I participated in histology meetings, psychosocial meetings, and post-transplant clinics in the Hepatology department. During psychosocial meetings, the multidisciplinary team (MDT) discussed whether the family was motivated for treatment, understood the disease, treatment, and complications, and assessed social status and mental condition to determine the appropriateness and areas for improvement in the current treatment.

Although the period was short, I gained extensive knowledge. The multinational nature of the UK makes both healthcare professionals and patients highly tolerant, and all healthcare workers are considered equals, respecting each other's positions and engaging in close exchanges of opinions. The British healthcare system is not flawless, and due to differences in national character, history, and structure, it is impossible to superficially imitate. This experience made me realise the unique characteristics of Japan and prompted me to consider my role in preventing the collapse of our healthcare system.

Last but not least, I would like to express my gratitude to everyone who provided this opportunity. I sincerely thank the doctors and staff at the University of Leeds and the Japan Medical Education Foundation.

<University of Leeds – June 2024>

## *My Experience of Electives at the University of Leeds*

Asahikawa Medical University  
TERAKI Momo

With the generous support of the Japan Medical Education Foundation (JMEF), I had a fantastic opportunity to do a clinical internship for the electives at the University of Leeds from June 3<sup>rd</sup> to June 28<sup>th</sup>. Before anything else, I would like to thank all those who supported me throughout the program for making it possible for me to complete the four weeks.

I have known about this program since even before I started medical school. I was preparing to transfer to medical school when I found out about this program longing to have a chance to study abroad as a medical student in the future. The year I entered medical school was right in the middle of the first wave of COVID-19 pandemic, and that situation almost made me give up my dream to study abroad. I am very fortunate that, after 5 years, I could finally make my dream come true.

For the program, I was assigned to the Paediatric Intensive Care Unit (PICU) with the supervision of Dr. Kumar. A typical day in the PICU starts with the handover meeting at 8:00 a.m., and then we make ward rounds. After that, we students are called when there are any procedures that we can see. In addition, we also participated in Tuesday-afternoon-teaching for young doctors once a week. The experience in the PICU was special because, while I was there, I got to see many rare cases such as brain death. Also, I had multiple chances to learn about single ventricular defects, which became very useful when I observed the actual Glenn procedure in the operating theater.

Dr. Kumar was always very supportive of us and gave us opportunities to visit other departments. One of the departments I visited was the paediatric rheumatology department. Here, the doctors warmly welcomed me and let me observe their outpatient clinic. I was surprised how the doctors in the UK took much longer time than the ones in Japan to take history, examine patients, and communicate with them. I thought this was a good thing and we should be like that in Japan too. The most interesting thing I noticed in the rheumatology clinic is that, in the UK, patients with rheumatic diseases are mainly treated as outpatients unlike in Japan, where we typically admit patients to a ward when rheumatic diseases are suspected. I wondered why, so I asked the doctor. One reason is simply that the number of beds is limited. The other is that being in a hospital ward increases the risk of infection, especially for immunosuppressed patients, who may die from it. I was very confused when I heard this because, from a Japanese point of view, infections are more under control in a ward than in the outside world.

With the kind support of a doctor in the paediatric rheumatology department, I also had a chance to join the children's allergy clinic. They let me observe the general allergy clinic and drug allergy clinic. The most thing I was impressed with their clinic was how the doctors can tell only by just history taking if the symptom is likely to be allergy or not. I learned that the key to taking a medical history when suspecting an allergy is to understand the characteristics of each type of allergy and then ask the patient the right questions.