

# MY FELLOWSHIP EXPERIENCE AT MASSACHUSETTS GENERAL HOSPITAL

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MASSACHUSETTS GENERAL HOSPITAL

A life seems to be a unique cloth weaved out of many threads. Despite encounters with many people and places, building close and lasting relationships remains the most difficult thing. It seems to me that a Korean word “In-Yeon” best describes from casual incidents to inevitable events of relationships with people. Being accepted as a visiting research fellow in Orthopaedic Trauma at Massachusetts General Hospital was a significant “In-Yeon” of my life.

## SMALL YET FAST CHANGING

As you may have read from the news articles, South Korea is a small country about the size of Indiana. It lies east of China’s Yellow Sea, west of Japan. Everything seems to be compact and work is done fast and quick. Your one month old cell phone will probably be out of fashion in couple of months. Vast changes in such a short period that it is almost inevitable for people like me to fall behind some trends, which I do not mind. As I wanted to take a break from this busy life, coming here to the secure and stable atmosphere of MGH was perfect for me.

## MEDICAL SCHOOL SYSTEM

The Korean medical system is similar to that of US because its structure is based on it. But despite many similarities the steps in school are somewhat different. To become a doctor in Korea, a high school graduate needs to be accepted to medical college, which offers a six-year course including two years of premeds and four years of medical school. Students take basic science subjects such as physics, biology, chemistry, statistics and medical ethics in premedical school. The medical school curriculum includes clinics for three years and polyclinic

rounding for one year. In recent years, the Korean government has suggested changing medical college to medical graduate school just like in the US. Some universities have followed the suggestion with many others are still debating this change. The main issue is that unlike US, Korea still has a conscription system that every male is required to perform over two years of military service, and of course there is no exception for doctors-to-be. Including these service periods, it takes many years to become medical doctor. After one year internship course, medical doctors may for apply to a four-year residency course in a clinical department.

## CONFERENCES CURRICULUM

The orthopaedic conference curriculum in Korean teaching hospital is similar to that of United States except that it usually starts at 7:30 am. The daily conference of MGH begins one hour early compare to Korea. It seems that Americans are more active in the mornings and Koreans are active at night in general. Not only the time schedule but also the atmosphere during the conference is different. In Korea, the attending staff usually ask questions of the residents after a presentation but scarcely every the other way around. I was impressed that the residents were allowed ask for the opinions of the staff. It could not only induce resident to study harder, but also stimulate the staff to research more. It is not a common practice in Korea. I am going to try it out when I go back to my hospital.

There is no individual orthopaedic trauma conference at each teaching hospital. Orthopaedic traumatologists from eight university hospitals have organized a special conference, which meets once a month. We have many interesting cases often with animated discussions

## OUTPATIENT CENTER

The first noticeable difference between MGH and Hanyang University Hospital(HUH) which caught my eyes was the outpatient center of MGH. It is crowded in the outpatient center in HUH and most other teaching hospitals. Over one hundred and fifty outpatients visit the orthopaedic department everyday. Outpatients would come for an appointment on their reserved date. However, patients without a reservation could also visit. Of course, they would have to wait for hours for their turns. As a result, doctors have to consult many patients in short time. Exhausted doctors cannot guarantee the best condition and service for the patients. When I visited the Yawkey outpatient building I was surprised to see that only patients with an appointment could come for examination and that the number of patients is limited for each day. I wish it could be the same way in Korea.

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To my point of view, the quality of Korean health examination service is almost as the same level with that of United States. But the cost for the medical service is only 10% to 20% of that of United States. Some Koreans living in United States goes to Korea to have a medical examination for his health check up. It is cheaper even with airplane fare included.

### **OPERATIONS**

The elective operation schedule is usually done from 8 am to 5 pm just like MGH. But there is less than 30 minutes interval between operations for cleaning and preparing. At first I was very surprised that there was about one and half hour interval at MGH. I think it is due to culture difference. Most casual restaurants in a busy city like Seoul would serve dishes within 15 minutes otherwise they would soon probably go out of business. In my point of view, Korea seems to be enthusiastic but still impetuous in some ways. Compared to that, US is stable, calm and yet easy going. Korea is too fast, and United States is too slow. I think something in between would be more suitable.

The trauma team of MGH is very active. There are many emergency operations. They manage trauma patients aggressively. In Korea, we only do an emergency operation in case of true emergency. For example, a patient with a closed femur fracture usually comes to surgery about 5 to 7 days after injury due to the small number of medical personnel.

The atmosphere of the operating room at MGH is far different from that of Korean hospitals. In Korea it is quieter, a little grave and tense during the operation. Most surgeons do not permit talking about other than operation. The atmosphere of operation room in MGH is free, active and academic as well. It was impressive to see how the staff teach the theory of surgery together with his own experiences for the benefit of residents during each operation.

### **ORTHOPAEDIC TRAUMATOLOGY AND AMBULANCE SYSTEM**

I like orthopaedic traumatology since it is dynamic. The field is in its infancy in Korea, and university hospitals do not have enough traumatologists to have their own daily conferences. Orthopaedic traumatology is one of the important subdivisions of orthopaedics. Until recently in Korea there were few orthopaedic traumatologists. Managing trauma was left to the junior surgeons.. That still happens at some hospitals. But in the case of severe trauma, such as high-energy open fracture, initial management is very important. If it is done in the wrong way, the patient may be incapacitated for a for long time or even lose his job. So there has been an increased interest in orthopaedic traumatology.

Ambulance service is another important part in managing trauma patients. In Korea there are two ambulance systems. One is operated by fire department (119) and private companies operate the other. Unfortunately Korean ambulances do not carry sophisticated medical equipment and the ambulance personnel do not have the same level of emergency medical training as in the United States. However, ambulances operated by the fire department respond very quickly and take patients to the nearest hospital according to the injury severity. If the status of injury is grave, he will be transported to a level one trauma center. But sometimes ambulances operated by private institute transport the patient to a hospital they have connection with. No matter the severity of the injury they would go to that "hospital" even if it is not the closest emergency center around. To prevent this type of corrupt practice, the Department of Health has recently reinforced qualifications on issuing certificates to private ambulances.

During an emergency regardless of how badly they are injured, an increasing number of patients express a strong preference for the larger hospitals, mostly Level One trauma centers of university hospitals. As a result these hospitals are always crowded which leads to poor quality service.

### **OPPORTUNITY FOR FELLOWSHIP ABROAD**

If you are a university hospital professor, you are most likely to get a chance to visit an advanced hospital system in other countries. It is the equivalent of a sabbatical leave for the surgical staff. Most of the professors plan to pursue projects which would be impossible under their normal schedules, such as learning new methods or languages. This is a valuable opportunity for professors to improve their knowledge and skills. I believe that it is what makes professors some privilege towards individual practice surgeons. In Korea, professors are prohibited from opening private practices unless they resign.

I have seen many impressive pelvic and acetabular surgery operation cases performed by the MGH trauma team. These operations are rare in Korea. As a surgeon, whenever I learn something new from here, I would like to perform to my patients in Korea.

As it is rare for professors in teaching hospitals to have a second chance to apply for a visiting fellowship, I am trying to make my stay worthwhile for me and my home institution. I am hoping that with this special "In Yeon" with MGH and Dr. Vrahas, we will make a fruitful and lasting relationship for the future.