RUTGERS HEALTH
Robert Wood Johnson Medical School

Cultural Dimensions of Care: Clinical Electives in Kobe, Japan, and Seoul, South Korea

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Clinical Electives Abroad

At Kobe University Hospital and Seoul National University Hospital, I participated in 4-week clinical immersion programs in Infectious Disease, Emergency Medicine, and Psychiatry.

My Objectives

- To explore how cultural and systemic contexts and values shape healthcare delivery.
- To strengthen medical Korean language skills and cross-cultural communication.
- To cultivate cultural humility and adaptability.

Kobe, Japan

- Port city with ~1.5 million residents
- Third-largest port after Tokyo and Yokohama



Healthcare in Japan

- Population: 125 million (2023)
- Universal health coverage
- Health expenditure: 11% of GDP
- Life expectancy: 84.8 years
- Ambulance transports:
  - > 5 million per year
  - Physician-staffed emergency transport services





Seoul, South Korea

- Capital city with ~9.6 million residents
- Major economic, cultural, and political center

Healthcare in South Korea

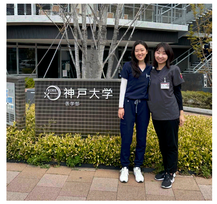


- Population: 51.7 million (2023)
- Universal health coverage
- Health expenditure: 8.8% of GDP
- Life expectancy: 83.8 years
- Suicide rate:
  - 28.3 per 100,000 (highest in the OECD)
  - Improving public awareness and media portrayals amid societal stigma





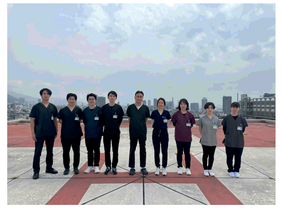
Infectious Disease



- Joined daily inpatient rounds, case-based discussions, and microbiology lab workflow.
- Compared antibiograms between Kobe and Rutgers, highlighting the regional antimicrobial presence and resistance patterns.
- Appreciated differences in coordination of inpatient care, as primary teams are subspecialty-based.

Emergency Medicine

- Rotated across four hospitals (Kobe University Hospital, Kobe City Medical Center, Hyogo Emergency Medical Center, Konan Medical Center) to compare care structures, from tertiary trauma centers to community hospitals.
- Observed primary survey protocols, resuscitations, and Japan's hybrid ER system integrating imaging and procedures in one space.
- Reflected on how healthcare infrastructure supports efficient and systematic emergency care.



Psychiatry







- Rotated through inpatient units: adult (open and closed wards), consultation-liaison, and child and adolescent.
- Reviewed SNU-developed CBT workbooks with patients, and learned to strengthen the therapeutic alliance.
- Participated in intensive outpatient therapy and attended an art exhibition with patients, exploring the role of art in healing.
- Joined the dementia community care center, gaining insight into community-based care and Korea's aging population.
- Observed cultural expressions of distress, the role of family in treatment, and the movement to destigmatize mental health care.
- Deepened understanding of psychiatric care across the lifespan.
- Gained insight into the role of cultural understanding and empathy in psychiatric care, reflecting on stigma, communication, and the emotional dimensions of care.





Reflections and Takeaways

- **Medical education**: Both Japan and South Korea follow a 6-year medical curriculum followed by structured clinical internship (2 years and 1 year, respectively) before residency.
- **Doctor cars and ER access**: Japan's EMS includes physician-staffed ambulances providing advanced prehospital care. ERs may decline ambulance cases when capacity or specialty coverage is limited.
- **Cultural adaptation of the MMSE**: Interpretation of a Korean proverbs are used to test abstract thinking.
- **Outpatient structure**: Visits at SNUH average 6.3 minutes, emphasizing efficiency.
- **Family role in care**: Psychiatric hospitalization requires consent from both the patient and a family member, except in emergency situations under the Mental Health Welfare Act. Physicians cannot commit patients unilaterally.

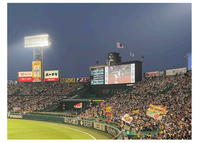
Extracurricular Learning





- Built friendships with local medical students; enjoyed the World Expo at Osaka, a Hanshin Tigers baseball game, and home-cooked meals.
- Visited Kyoto's temples, ate Osaka's takoyaki, and enjoyed Naoshima's art and architecture.
- Explored Seoul's neighborhoods, ate Busan's seafood, and took in Jeju Island's scenery.





Conclusion

Through these electives, I witnessed how culture shapes every layer of healthcare, from communication to clinical decision-making. Experiencing care across systems strengthened my commitment to culturally attuned, patient-centered practice and deepened my appreciation for humility and compassion as universal languages in medicine.

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Program Contact Information

Visit the RWJMS Global Health Website for more information.
General Affairs and International Relations, Kobe University School of Medicine
Office of International Affairs, SNU Medicine

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