

## Elective Report – Queen Mary Hospital, University of Hong Kong

OBS +  
GYNAE

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### Objectives:

- 1) How are the obstetrics and gynaecological service organised and delivered? How do they differ from UK?
- 2) Things that I learnt which contribute to my professional development.
- 3) How do cultural differences posed additional challenges on patient care?
- 4) What are the prevalent gynaecological conditions in Hong Kong? How do they differ from UK?

### **1) How are the obstetrics and gynaecological service organised and delivered? How do they differ from UK?**

My time in Queen Mary Hospital, University of Hong Kong was spent on different clinical areas, such as theatres, wards, clinics and labour ward. The wards are similar to those in UK, consisting of a long hall of beds lined up on either side and with curtains to provide dignity to patients.

One of the advantages of being attached to a busy hospital was the variety of cases I was exposed to. Many of the patients I saw in Hong Kong had conditions also common in the UK such as fibroids, menorrhagia, prolapses and ectopic pregnancies.

Doctors in Hong Kong are very enthusiastic about teaching. They provided bedside teaching and tutorials to the medical students, which I also had the opportunities to attend and I found that PBL sessions are done differently here as compared to the UK where students discuss the case in detail in the form of a presentation as supposed to a group discussion where everyone contributes what they found. The medical students were really friendly too, even though they have a tight schedule they always ensured that I was being taken care of and assisted my learning.

During 'Grand Round' tutorials, the medical students take turn to present their cases to each other and to the professor. The patient's history and examination findings were covered in great detail. All teaching and lectures in the Queen Mary Hospital are delivered in English, however patients seldom understand English, with their first language being Cantonese or Mandarin. I was really amazed that the local students can communicate so well with the patients, while everything they learnt was in English. Although I can speak in Cantonese, I sometimes had difficulties in translating some of the medical terms into Cantonese.

A typical day would consist of a morning ward rounds, which are relatively short compared to those back home. Then I would have the opportunities to go to clinics, colposcopy and theatres to observe gynaecological cases such as hysterectomies, vaginal wall repair and hysteroscopies.

The healthcare system in Hong Kong is different to UK in many aspects, although having quite a few similarities. The differences include the sheer number of patients

seen, the proportion of number of doctors to patients, dedication of healthcare professionals, the health care is only partly subsidized by the government and doctor-patient relationship. The similarities include the amount of resources we have, the format of teaching and prevalence of common gynaecological and obstetric cases and the emphasis of importance of hygiene with healthcare professionals.

The doctor-patient relationship in Hong Kong is very different from UK. It is less centred on the patients in Hong Kong than it is in the UK. Doctors have a superior status and are looked up to more by the patients. In UK we emphasis a lot on consent, privacy and dignity of the patient, but this seems lacking in Hong Kong. With the number of patients seen everyday and the lack of financial support, the relationship between doctors and patients influences the way that students are taught and they do not emphasis much on the patient's ideas, concerns and expectations. I was surprised to see that doctors in Hong Kong are still wearing white coats, as in the UK we are so concerned about spreading infection that men are not allowed to even wear ties anymore.

## **2) Things that I learnt which contribute to my professional development.**

I was placed in different clinical areas such as clinics, theatres, labour ward and attending tutorials with other medical students. I am happy to have the opportunity to improve my clinical and examination skills. I was extremely impressed by the enthusiasm, knowledge and work ethic of doctors and medical students in Hong Kong.

I benefited from being the only student from overseas at the O&G department in the hospital. It was not easy to come to a foreign country alone however this had encouraged me to integrate with the Hong Kong students and so had the chance to understand more about their culture and the challenges they face in Hong Kong.

The hospitality and friendliness of the medical students, doctors and nurses have led me to enjoy the experiences that I had at the Queen Mary Hospital. My supervisor was extremely helpful in organising and making my elective so fulfilling.

Through living in Hong Kong and integrating with its people, I have learnt more of their culture, religion, traditions and customs, that the people here are very efficient and everything is fast-paced.

I have enjoyed my experiences at Queen Mary Hospital. The elective programme has allowed me to gain experience of medical practice in a different country, to improve my knowledge and clinical skills and to learn about the culture of Hong Kong. After this trip, I feel I have better awareness and understanding of Chinese people and this will certainly shape me to be a better doctor.

## **3) How do cultural differences posed additional challenges on patient care?**

Patients differ in many ways, and the most profound differences being the culture. Different approaches to health care are therefore required for different cultures, in order to provide a holistic patient care. From the elective programme, I have learnt the knowledge of cultural customs, which can help avoid misunderstanding and enable me to be a better doctor.

Chinese culture has their own traditional health beliefs and behaviors, which conflicts



with Western concept of personality. Traditional Chinese values put the family and society over the individual. A traditional deference to authority may produce miscommunication. It is therefore important to be sure they understand what is being said and are not just being polite.

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From this elective experience, I learnt the importance of recognising and adopting different communication approaches with the use of verbal and non-verbal techniques to bridge the differences in beliefs and expectations.

#### **4) What are the prevalent gynaecological conditions in Hong Kong? How do they differ from UK?**

The prevalent gynaecological conditions in Hong Kong are:

- Uterine Fibroids
- Menorrhagia
- Pelvic prolapse
- Endometriosis
- Sexually transmitted disease
- Miscarriages

The prevalent gynaecological conditions in Hong Kong are very similar to those in UK. The biggest contrast was the prevalence of oncology cases and sexually transmitted disease. In 2008 in Hong Kong, 5.6% was diagnosed with endometrial cancer, 4.1% was diagnosed with ovarian cancer and 3.1% was diagnosed with cervical cancer. The incidence of ovarian cancer is 18 in 100 000 women per year and endometrial cancer 14 in 100 000 women per year.