

SBNS Undergraduate Elective Award 2026

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Elective in the Department of Neurosurgery, Asan Medical Center, Seoul, South Korea

15th June – 26th June 2026

I undertook a two week long placement in the department of Neurosurgery at Asan Medical Center, Seoul, South Korea. I had previously undertaken six weeks of Neurosurgery at Addenbrooke's Hospital, Cambridge, as a selectable component of my fifth year studies. Although it was my first time being clinically exposed to the specialty, I was pleasantly surprised by how much I enjoyed it which is why I decided to select it for part of my elective. I chose AMC as it is by far the largest hospital in South Korea, so I expected that it would have the most complex and interesting cases in the country. I also hoped to improve my Korean medical vocabulary and gain an internal insight into the Korean healthcare system as I am entertaining the idea of potentially moving back to practise.

My days were full, with mornings either beginning at 8am with the NSICU (Neurosurgery ICU) ward round or 9am in clinic with my supervising professor; afternoons were spent observing surgery in the OR. My neurosurgery placement at Addenbrooke's had been limited to clinics and surgeries with little to no exposure to neurosurgical critical care, hence I found NSICU to be an incredibly educational experience. Similarly to ward rounds in the NHS, the attending professor would see patients in quick succession with fellows, residents and interns following and documenting while being rapid-fire quizzed on anatomy, pathophysiology and management. Representative of the scope of Neurosurgery as a specialty, the range of conditions was diverse, including various types of brain tumour, aneurysms and spinal conditions. Something I found quite difficult to adjust to was the documentation – there was an inordinate number of abbreviations, leading me to not being able to fully understand patient notes initially. Furthermore, due to the overwhelming use of American over British English, I found myself having to adjust my vocabulary when asking questions so that surgeons would understand – for example, EKG instead of ECG, OR instead of theatre, vitals instead of obs... I also unintentionally learnt a variety of brand names for medications, such as Minirin for desmopressin or Keppra for levetiracetam.

Clinics were wildly different to NHS clinics. The starkest difference was the sheer volume of patients – typically 40 per session – meaning most appointments lasted less than 5 minutes. There was zero small talk or 'ICE' – normally a brief discussion of the patient's symptoms, explanation of any imaging that had been done, then the patient would be discharged, or booked for follow-up or surgery. Something I found impressive was the short waiting times for elective surgeries: usually around 2 weeks, with one patient complaining about the fact that he would have to wait a month – the fact that having an elective surgery scheduled for a month's time was considered unacceptably delayed was shocking to me.

As my elective was strictly an observership, I was not permitted to scrub into any surgeries. The restrictions were very stringent and I was reminded of them often as the week before I arrived, a news story had broken about international visiting trainees participating in surgeries without adequate supervision at another major hospital in Seoul, and the subsequent police investigation taking place. As my supervising professor specialises in hydrocephalus, I saw many ventriculoperitoneal shunt insertions – other highlights included glioblastoma and meningioma resections, a laminectomy for management of OPLL (ossification of the posterior longitudinal ligament) and an EDAS (encephaloduroarteriosynangiosis) procedure for a paediatric Moyamoya disease patient. Some procedures were familiar to me whereas some were completely alien; I enjoyed watching 5-ALA guided glioblastoma resections as I had seen the same technology and procedure several times at Addenbrooke's previously.

I had not heard of OPLL before this elective, and upon further reading I discovered that it is overwhelmingly prevalent in East Asian populations compared to other ethnic groups; despite the ethnic diversity of the UK, some conditions more prevalent in minority ethnic groups are still rarely seen in an NHS context. I was therefore grateful for the welcome opportunity to be exposed to and learn about neurosurgical conditions which are more common in patients with the same ethnic background as me.

Moyamoya disease is similarly rarer in the wider global population compared to patients of East Asian origin, and I was pleasantly surprised when the lead surgeon gave me one-to-one teaching afterwards on the differences in surgical management between South Korea and the UK – I asked him how he had such detailed knowledge of British surgical methods and discovered that he had spent a period of time being a visiting fellow at Great Ormond Street Hospital!

The training pathway to become a neurosurgeon in Korea is shorter compared to the UK: after six years of medical school and one year of interning, neurosurgical residency lasts four years. Following this, most surgeons undergo one or more fellowships and obtain higher postgraduate degrees before obtaining an attending position at a major hospital, or choose to open their own private practices.

Although it has become more 'Westernised' in recent decades, much of modern Korean culture is still rooted in Confucianism and the strict hierarchies in age and position present in wider society are reflected within the hospital environment; one cultural norm is the expectation for the entire medical team to stand up and bow whenever an eminent attending professor enters the room. It was fascinating to observe the difference in work culture and dynamics between Korean hospitals and NHS hospitals.

I am grateful to Professor Moinay Kim and the wider neurosurgical team at AMC for supporting me during my time in the department. Despite the placement only lasting two weeks, the breadth and depth of knowledge I gained not only about neurosurgery but also the Korean healthcare system and Korean medical education was invaluable, and retrospectively I am incredibly glad I chose both this specialty and this hospital for my elective period. I would also like to sincerely thank the Society of British Neurological Surgeons for awarding me with a generous bursary to support this educational opportunity.



The first photo shows the view of the Han River at sunset which is visible from the top floor of the hospital. The second photo shows me with my supervising professor, Prof Moinay Kim.