

## Masci Scholar Personal Testimony



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Placement Site: AMC Heart Institute, Asan Medical Center, Seoul, South Korea

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During the duration of my clinical observership in interventional cardiology at Asan Medical Center's AMC Heart Institute, I was mentored by Professors Kang Do Yoon and Park Deuk Woo.

Asan Medical Center is a 2,700-bed capacity teaching hospital of the University of Ulsan College of Medicine in Seoul, South Korea. It is considered the largest and one of the most prestigious hospitals in South Korea and is the seedbed of numerous advancements in the country's medical care.

It is also a welcome ground for international medical training and care, with countless foreign medical professionals going to receive training. They also have an international medical center that specifically caters to care of foreign patients.

For Cardiology, AMC Heart Institute is also a leader in interventional cardiology in the country, boasting four cathlabs and a hybrid operating room for their procedures, which allows them to facilitate an average of 30 cathlab cases and three hybrid OR procedures per day.

The objectives of my observership were to acquire new and review existing knowledge regarding basic and advanced concepts and principles in cardiology, acquire new



*Dr. Jastine Galvez at Asan Medical Center in Seoul, South Korea. In November 2025, she completed a two-week observership in interventional cardiology.*



*The daily uniform of scrubs and lead gown Dr. Galvez wore while in cath lab.*



*Observing a radiofrequency ablation.*

knowledge in terms of periprocedural care and post-procedure monitoring for patients undergoing diagnostic cardiovascular procedures, and to discover regional differences in diagnosis and management of common cardiovascular diseases.

My clinical observership took place at the AMC Heart Institute, specifically their cardiac catheterization laboratory, where I was able to observe numerous procedures including coronary angiography (CA) with percutaneous coronary intervention (PCI), transcatheter aortic valve repair (TAVR), radiofrequency ablation (RFA), percutaneous left atrial appendage (LAA) occlusion, transcatheter end-to-end repair (TEER) of the mitral valve through MitraClip, and balloon atrial septostomy.

While I have observed CA/PCI at my home institution, it was at AMC that I was able to observe diagnostic CA with use of IVUS, OCT, and/or FFR as standard of care. I learned of the indications of each adjunct imaging and how they can provide better diagnostic accuracy. Not only did they showcase their advancement through interventional procedures, but also their medical management of common cardiac conditions, including ischemic heart disease and valvular heart disease. For example, their ACS regimen already utilizes the combination moderate dose statin plus Ezetimibe instead of high-dose statins. As per my professor, it is due to the findings in their multi-institution study showing evidence of better overall outcomes, which demonstrates their prowess in conducting quality trials and practicing modern, evidence-based medicine.

In addition to all the medical advancements the institution has, AMC Heart Institute also boasts a high success rate in their procedures – as high as 99.5 percent in their TAVIs. As per the professor in one of his lectures, their high success rate is a result of their stringent patient selection, pre-procedural preparation, and post-procedural monitoring, as well as their efficient system and EMR. These highlight the importance of having an efficient system that puts a premium on patient safety for achieving improved patient outcomes.

In terms of training and patient care, there were some similarities and some differences in practice with our home country. To be an interventional cardiology (IC) fellow, you must

first complete internal medicine and general cardiology training, although general cardiology training is one to two years depending on the institution. Afterward, you may proceed with your subspecialty of choice, with IC training lasting three to four years.

Generally, in patient care and procedures, professors are closely involved and are present for every procedure, provide feedback on critical decision points, and may do the procedures themselves depending on the complexity of the case. Because healthcare in Korea is largely covered by the government through their national insurance, there is no disparity in care between charity and paying patients. Culture bleeds through manners in patient care as well, as the healthcare staff were very polite to the patients and to me as well.

Through this observership, I was able to see first-hand how healthcare, specifically cardiac interventional procedures, are carried out in a technologically and economically advanced country. Through everything, I realized how important it is to put a premium on health research and health service delivery, as these greatly improve patient outcomes. Though cardiac care in our country is still very far from that of AMC in Korea, I am hoping that some day, we will also be able to provide the same level of care for our Filipino patients, as they deserve nothing less.

I would like to extend my deepest gratitude to the AMC Heart Institute, to my mentors, Prof. Kang Do Yoon and Prof. Park Deuk Woo and their IC fellows, to the UP-PGH Department of Medicine, and to the Masci family for enabling me to partake in this invaluable learning opportunity.



*Dr. Galvez with one of her mentors, Prof. Kang Do Yoon.*