

Masci Scholar Personal Testimony



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Placement Site: National University Hospital,
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Placement Date: October 2025

I am very grateful to be a recipient of the Dr. Masci Legacy Scholarship for 2025. I immersed myself for one month, rotating in the National University Heart Centre Singapore, specifically in interventional cardiology (IC) and structural heart disease (SHD) with Dr. Gavin Ng Yeow Peng and Dr. Ivandito Kuntjoro as my main preceptors respectively.

I was fortunate enough to observe a wide case load that included cases I don't usually encounter here at Philippine General Hospital, including imaging (IVUS and OCT) guided PCI, physiology-guided (FFR, RFR, IMR) guided PCI, rotablation, intravascular lithotripsy (IVL), impella device implantation, TAVI, ASD closure, PFO closure, balloon aortic valvuloplasty, and MitraClip. I was fortunate to have scrubbed in on some of these cases as well.



Dr. Mapili (center) with other fellows at the National University Heart Center, Dr. Yu and Dr. Aya-ay.

I learned and reinforced how important periprocedural and intraprocedural team-based planning is and how crucial team member inputs are for case management and patient outcomes. I was even asked what my plans would be for some cases for which the consultant in charge passionately argued for or



Observing an ASD closure with Intracardiac Echo.

against my plans. The experience was full of healthy discussions and discourse wherein some of my suggestions were approved and some were not.

I learned how professionalism and interprofessional relationships are important for smooth conduct of procedures and interventions. I appreciated how each consultant approached the cases and made sure to discuss with the team of doctors and allied medical professionals prior to starting the case.

We also had cases with complications, such as a coronary artery perforation that was handled very quickly, calmly, and professionally as if everybody in the team knew what to do.

Later on, I found out that the team goes through a series of crisis drills where they sit down and discuss theoretical scenarios of complications and

emergencies and how each member of the team will contribute to the procedure. Unfortunately, I was unable to join any crisis drills as this is done only every quarter.

The working environment is conducive to discussions and even nurses and med techs are asked for their opinions on what else can be done to help the patients. The teams are very open to suggestions. I recall one moment where an echo sonographer had difficulty doing an echocardiogram post-procedure and without hesitation I suggested if I can try to get the views for the team. Thankfully, I was able to position the probe properly and get the right views to get the images that the consultant needed.

One month was not enough to really experience everything, but I was fortunate to see so many cases, meet new people, and learn many new things. I hope to pay it forward and share what I learned with my co-fellows and even the residents of the Department.



Dr. Mapili with his rotation mentors, Prof. Ivandito Kuntjoro (left) and Prof. Gavin Ng (right).

