

Report of oversea staying in Indonesia

Kobe University
Shimpei Mizuki

§As the beginning

I had studied at Airlangga University and Soetomo hospital in Indonesia from 4th April to 3rd May. I had a lot of special and precious experiences there which I cannot get in Japan.

So, I would like to show my gratitude to every doctors and students who supported and helped me in Indonesia and every officer who arranged my staying. In this report, I would like to tell you my schedule and impressive things.

Then, at first, I'm going to explain the city "Surabaya" where I had stayed in and "Soetomo hospital" shortly.

Surabaya is the second biggest city in Indonesia. And I mainly had studied at Soetomo hospital. This hospital is one of the biggest hospital in Indonesia It has more than 1400 beds and it's the center hospital in east Indonesia. So many doctors come to this hospital even from foreign countries to study medicine.

Near this hospital, there is Airlangga University Campus A(for medical department) so students there do medical practice at Soetomo hospital.



§Schedule and Contents

My schedule was as follows.

○Week 1,2 (7th April~18th April):Internal medicine department

The internal medicine department includes “Nephrology”, “Endocrinology”, “Rheumatology” “Gastroenterology” and “Hematology”

There are the out-patient clinic, women’s ward and men’s ward.

Each departments has each out-patient clinic, but they share the ward. Common diseases there are “diabetes mellitus” “liver cirrhosis” and “lupus nephritis”.

Maybe DM is due to diet of Indonesian people. In Indonesia especially in Surabaya, people use a lot of sugar. Every tea or coffee has huge amount of sugar so Japanese maybe have a problem to take it.

Liver cirrhosis is mainly caused by hepatitis. On this point I realize the difference in etiology and it’s interesting.

In the ward, I saw some specific remarks such as “Kussmaul breathing” “ascites” and “jaundice” which we can rarely watch in Japan. These are a little bit shocking one because these are unusual things for me and there changed patients’ looking but it was valuable one.

○Week 3 (21th April~25th April):ITD

The ITD is a research institute for tropical diseases. It has a license of BSL3 (Bio Safety Level 3)

There are 2 reason why I elected to study in ITD. 1st one is I’m interested in what kind of research is done here and differences between Japan and Indonesia. 2nd one is I heard ITD is the top research institute in Indonesia.

The first big difference is scale of laboratory. In Japan, there are many researchers in laboratory, but in Indonesia, the number of it is small. Just 4~5 ,at most 7~8, researchers are in one laboratory.

Second difference is instruments. I think in Japan instruments are disposable but in Indonesia it isn’t. I don’t know it comes from this difference but sometimes I felt Indonesian researchers have less consciousness for clean than Japanese one for example in storing of instruments or in procedure.(Perhaps there is the risk that Japanese is too clean.)

○Week 4 (28th April~2nd May):Pediatrics department

In pediatrics department, I studied about pulmonary disease especially tuberculosis and pneumonia. Surprisingly, in Indonesia, tuberculosis patients isn’t isolated. They can walk freely and live as healthy one. When I asked my doctor about this situation, she said that in Indonesia, huge amount of people are the carrier of TB but if they have normal immune system, they cannot be tuberculosis.

And there are too many patient to isolate each one, she said. So, they allow patients to live freely. This difference is most surprising experience for me. I realize that medical standard in Japan isn't always standard in other countries, In pediatric ward, except TB there are interesting cases. For example, infant with HIV, tropical disease patient... Every disease hardly watch in Japan, so it was exciting experiences.



Room for TB patient with no barrier

§ Education system

The most impressive things I learned is not medical knowledge or patient symptoms, it was education system. In Indonesia, medical student study at their university for 4 years. And after that they start medical practice at hospital for 1 and a half year. It's seemed to be same as system in Japan, but contents is totally different. In Japan, generally, student cannot do anything for patients except taking history and physical exam, but in Indonesia student work rather than study like intern doctor. They do a lot of procedure by themselves such as putting an intravenous line, insulin administration and so on. So the students' skill is by far better than Japanese one. I think this system is good but in Japan, maybe patients don't want students to do any procedure and complain about that. Moreover, students and university cannot take their responsibility if problem happens. So, in Japan it hard to follow this system.

And in Indonesia, students do night-shift at department where students study and

at emergency department twice or 3 times per week. In night-shift students take history and physical exam, and consider what exam they should order next. And at last, they decide this patient should stay in a hospital or not. Of course there are some doctors and doctors check students' work but the number is small. So student have responsibility for the patients.

With this 2 differences I think in Indonesia students are considered as like doctor. In Japan, during BSL all we can do is taking history or physical exam. and, it's even just confirmation of doctors' work. The other thing we can do is just observation. There are less responsibility than in Indonesia. Of course this difference protect us from problem but in terms of education, we have to refer to Indonesian system to some extent.



↑ education scene

§ Hygiene

I think Japan has a high hygiene level, especially at medical field. Hospitals are kept clean and almost all medical tool are disposable. But in Indonesia situation was totally different.

I really surprised at the number of people in hospital. Of course there were many medical staffs, but also, there were so many family members of patient. Some of them lived in hospital for example at patients' room or at corridor. I heard that one of reason is more comfortable than their house. So hospital is deadly crowded and, I think hygiene become worse.

During my staying, I could see a lot of cats walking around hospital. And then I found amazing scene. In my 3rd week, I saw a patient with TEN, having risk of infection. In Japan medical staffs have to pay big attention to this patient to prevent infection, but in Indonesia this patient live big room with other patients and moreover, I saw cat enter this room. From the standpoint of hygiene and control infection I cannot believe this.

I experienced these hygiene-gap. These things are not good for treatment but I think it can't be helped because situation, background, resource and so on are different from Japan.

For example I said because of patients' family, hospital become dirty, but in other words we can say that the bond of family is very strong, so they live near their pity family member. My Indonesian acquaintance said so. So at least about this problem, we cannot deny easily because it reflects their nationality.



↑ cat living at hospital



↑ family living at hospital

§ Summary

Thanks to my staying at Indonesia, I realize that Japanese standard is not always so in other countries. Each countries has each good point and bad point. We shouldn't criticize only because it different from our one. And learning many kinds of way of thinking or method, we can provide better medical care.

Lastly I express my appreciation for everyone who support or help me. Thank you so much.