

A Report of Elective Module in Kobe University

Davrina Rianda

5th Year Student of Universitas Indonesia

“Experience is the best teacher.”

I always believe that the best way to learn is by doing it. Before I start my essay, let me inform you that this is my first time to study abroad, even for a short period of time. I felt honoured to have this opportunity. The first thing that popped up in my mind was a mission of learning not only about the academic things, but also the Japanese culture. Honestly, I was so curious to know more about how Japan can develop many improvements in science and technology.

A. Dermatology Rotation

My first two weeks were spent in the Dermatology Department of Kobe University. Hiroshi Nagai, MD, PhD was my supervisor for the dermatology rotation. On the first day, he introduced us to many staffs in Dermatology Department. We were glad because they really



gave us a warm welcome. Nagai Sensei also introduced us to Nishigori Sensei, the chief of Dermatology Department. Nishigori Sensei told us that last year, there was also an Indonesian student having her PhD program in Dermatology Department of Kobe University. Nishigori Sensei also said that she hoped that we can enjoy our time in this dermatology rotation.

Basically, our dermatology rotation was divided into several kinds of activities: outpatient clinics, operation room, tutorial, an introduction to laboratory activities, conference, and professor round. In every activity, we were supervised by a senior doctor, either it is Nagai Sensei, Kunisada Sensei, or Fukunaga Sensei.

Our activities in outpatient clinics varied from observing outpatient examination, seeing a fungal inspection through KOH examination, and having the special clinics session. For the special clinics, we had the allergy immunology and tumor clinics. During our rotation, I observed that the most common diseases in here are atopic dermatitis, psoriasis, and allergic dermatitis. Contrast to Indonesia, we

rarely found any skin infection in Japan. The one and only infection that we found was infection of *M. chelonae*, which is related to the use of tap water in Japan.

For the operation room, we observed many kinds of operations, such as pigmentectomy for nevus pigmentosus, Bowen's carcinoma, and extrammary Paget's disease. Nagai Sensei also showed us the dermatome. This tool is used to separate the epidermis and upper dermis from lower dermis in the skin graft. We were surprised that skin grafting is done by the dermatologist here, not by the plastic surgeon. Another interesting activities in our



rotation is tutorial session. All of the tutorial sessions were supervised by Nagai Sensei. The topics ranged from dermoscope, phototherapy, graft versus host disease, dermatomyositis, alopecia, etc. Before the tutorial started, Nagai Sensei had told us about the topic in order to make us more well prepared for the tutorial.



Eventhough we didn't have any research session here, Nagai Sensei took us to the laboratory of dermatology for a brief orientation about research activities in dermatology department. He also showed us the culture of melanoma cells and melanocytes, then taught us how to differentiate one to another. We also joined the clinical and pathological conferences of Dermatology Department. Both conferences took a long time because there were a lot of patients (as I counted, it reached about 45 patients). Surprisingly, we didn't feel bored because there were always a senior doctor

who kept telling us in English about the patients' conditions. Before the conference begun, we were given a chance to introduce ourselves to all of the senior doctor, residents, and interns. Again, I felt so grateful that this department welcomed us very well. Last but not least, I also joined the professor round. The round was held in the dermatology ward. Led by Nishigori Sensei, the round was attended by the senior doctors, residents, interns, and medical students.

B. Gastroenterology Medicine Rotation

Moved to the third and fourth weeks of my elective module, I joined the gastroenterology medicine rotation. Here, I was supervised by Prof. Takeshi Azuma, MD, PhD. Azuma Sensei is the chief of Gastroenterology Department of Kobe University. Firstly, Azuma Sensei



gave me an introduction about the Gastroenterology Department. He also said that one of the main developments in here is on the endoscopy center. I was not really surprised because I have read about how Japan developed the screening program of gastric tumor using endoscopy. Hence, almost all of my activities in the gastroenterology rotation were spent in the endoscopy center.



Before I started my activities in the Gastroenterology Medicine Department, Azuma Sensei introduced me to Yoshizaki Sensei, a 3rd year resident of this department. Yoshizaki Sensei then took me to the doctor office, a place where other residents spend their time to work on some reports here. I was introduced to Ohara Sensei. I was told that both of Yoshizaki Sensei and Ohara Sensei would be my supervisors. They also asked me about what do I want to learn here. I felt so lucky that my two supervisors were really friendly and helpful.

There are five kinds of activities that I followed here: Esophagogastroduodenoscopy (EGD) and Colonoscopy division, Endoscopic Retrograde Cholangiopancreatography (ERCP) division, hepatic division, professor

round, small conference, and case presentations from medical students. In a week, I spent three days in the EGD and ERCP division, then two days for the hepatic division. At first, I felt strange to learn such an advanced knowledge like this. But as I learnt more and more in the divisions, I really enjoyed learning many things as I could in this rotation.

On the first day, I went to the endoscopy center. Here, I learnt about the EGD, colonoscopy, and ERCP. In the EGD and colonoscopy divisions, I saw many examinations for the diagnosis and screening. I was told by Morita Sensei, a senior doctor of EGD, that in Japan, people above 60 years old



must having a screening of gastric tumor using endoscopy. There are also many techniques to visualize the lesions in EGD such as Indigocarmine, iodine, *narrow band imaging* (NBI), and *magnifying* NBI. All of the techniques are used to get more sensitive screening program and more reliable diagnosis. Not only for screening and diagnosis, the endoscopy could also be used for the nonsurgical treatment using resection of the tumor. For the ERCP, I just observed only one case about the tumor of head of pancreas which obstruct the biliary tract. Also, I was allowed to join the small conference for the EGD intervention. This was a discussion between senior doctors and residents in the EGD division about the patients who will undergo resection using EGD on that week.



Another activities in the gastroenterology medicine rotation is the Hepatic Division. I observed the echo abdomen examination. Saito Sensei, one of the residents in the division, explained to me about how to read an echo abdomen, such as assessing the hepatomegaly, defining the fatty liver, finding stones in the kidney, etc. This is completely a new thing for me, since I have never been learnt much detail about echo abdomen.

My favourite session in gastroenterology department is the Professor Round. This round was led by Azuma Sensei and attended by the senior doctors, residents, interns, and medical students. Interestingly, since each medical student had to follow up two patients, every student had to do the physical examination of abdomen in front

of Azuma Sensei. After that, Azuma Sensei would give a short comment about the patient and repeated the examination the patient to confirm the findings.

In this department, I was invited to the case presentation session from the Kobe University medical students who had the gastroenterology rotation that week. I was so enthusiast about this, because many cases would be explained more detail and I could compare the treatment between here and in Indonesia. On that day, some of the presented cases were IPMN, hepatocellular carcinoma, and Behcet syndrome. In this case presentation, the main focuses were history taking, reading CT-Scan/MRI results, and nonsurgical advanced treatment, such as PTGBD, EST, and ENBD. I was a bit surprised that medical students in Kobe University have learnt in detail about the advanced treatment which is not really common for me.



To be honest, my elective module in Kobe University is beyond my expectation. I learnt many new things, not only for the academic things but also the cultural one. In my opinion, screening is the most developed program in here. For example, for patient above 60 years old, they must undergo gastric cancer screening using the EGD. This examination is covered by the national insurance. I also learnt about professionalism. When I was in the dermatology department, I learnt that while

observing the examination, we have to keep sitting on a chair until the doctor asks us to take a look at the lesion. It is considered as “not polite” to observe the patient from above (we often do this if we were standing while observing). From a small conversation with the medical students in Kobe University, I also learnt about hardwork. They told me that if they haven't finished their tasks or study time, they will not spend their time to have any leisure activity. Finally, I really hope that one day I can go abroad again. Since experience is still my best teacher, it is such a golden opportunity to learn about many new things, share them to the Indonesian people, and make a change for better Indonesia in the future. Thank you very much, Professor Kuno, Kato Sensei, Kimi-San, Terao Sensei, Yun Sensei, and all of the student tutors for taking care of us very well. This will be one of the most precious experiences that I will never forget.