

Exchange program 2014

Indonesia Airlangga University

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Kobe University School of Medicine 6th grade

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1. Introduction

I did my clinical clerkship at Dr. Soetomo hospital in Surabaya, Indonesia from April 7th to May 2nd 2014.

Dr. Soetomo hospital which belongs to Airlangga University School of Medicine has 3000 beds.

This hospital is the largest hospital in east Indonesia.

The building of Emergency and ICU was founded with the support from Japan. Other buildings were founded with the support from Netherlands.

The role of this hospital is providing a low income patients with medical treatment and education.



2. Schedule

I spent first two weeks in the internal medicine ward and outpatients department, 3rd week in ITD, and last week in emergency department.

Time schedule

8:00 Morning report

9:00 Patient's care in the ward or outpatient department

11:00 Case presentation

12:00 Lunch

13:00 Patient's care in the ward



Tuberculosis ward

3. Education

① Night shift and morning report

The student of Indonesia graduates in 5 years. 4th grade students join night shift.

In night shift, students play a role equivalent to Japanese resident doctor. Students study the difference between reality and a textbook from night shift.

Students joined Night shift make a presentation on next morning in front of their classmate, and receives indication from their advising doctor.

The number of the patients is an average of ten for two students.

Students were growing by receiving indication from an advising doctor and sharing the experienced case with classmate.

The difference from Japanese students was having carried out training which considers a given dose and the amount of infusion concretely.



Morning report

② Outpatient department

In the internal medicine outpatient department, the student interviews a patient and examines and writes a medical record. They reports it to a doctor. The student receives feedback from the specialist. Japanese students does not have such a practical education. I felt that this was the big

differences between Indonesian student and Japanese student. Dr. Soetomo hospital is a core hospital in east Indonesia and is the educational institution which handles a great many cases. There is a great deal of number of the doctors in Dr. Soetomo hospital. I felt that this made very good education environment. The difference in national character is one of the factors, too. The interest in health of the citizen who is lower than middle class people is low and the knowledge for the disease is poor. Therefore there are many patients who do not have a medical examination when the situation is not so severe. So many seriously patients come to this hospital.

I feel that it is difficult to perform similar practical education in a university hospital of Japan. However, it was useful for education in Japan to refer to this.

4. Internal medicine ward and outpatient department

The internal medicine outpatient department is divided into nephrology, internal secretion, general internal medicine, collagen disease. The number of outpatients is 250 people a day. There is an air-conditioner in the department but patients wait outside. There are many patients of CKD in nephrology.

I watched a malaria patient in the general medicine. There is little malaria in Java. The patient traveled in Papua and Kalimantan Island and had malaria there. It is common case in this hospital.

I learned to see many cases in the outpatient department



The internal medicine ward is divided into woman's ward, man's ward, cardiology, tropical disease. The bed has three grade by an amount of money that a patient pays. There was the ward which a cat walked, and it was not able to be said that hygiene environment was good.

I was able to learn the case that had not looked in Japan.

(SJS, TEN, Kussmaul's respiration and so on)



5. ITD

Institute of Tropical Disease (ITD) is a base in Indonesia of the new revival infectious disease study, and is divided into the following laboratories.

1. Malaria
2. Dengue
3. Entomology
4. Diarrhea
5. human genetics
6. Herbal medicine
7. Leprosy
8. Tuberculosis
9. Hepatitis
10. Stem cell
11. Molecular oncology
12. HIV/AIDS
13. Influenza
14. BEE
15. Proteomic

I did clinical clerkship as a member of Influenza study group. This group research Avian flu. The members are professor Shimizu and four Indonesian researchers. ITD has a BSL-3 laboratory. They get avian flu virus in this room from a bird which they bought in a market. In the market, H5 type is found in one of 200 of the bird which is sold. They have a connection with Dr. Soetomo hospital and make the system that they check the sample which is got from a suspicious patient.



6. Emergency department

The emergency department was built in 1995 by support from Japan. The department is crowded with severe patients who are sent from public hospital. The number of patients is 250 a day. I hear 400 patients have come in one night. On the other hand, the number of ambulance is six a day. The Indonesian ambulance belongs to a hospital. So, It is necessary for the patient to pay money to use it. The emergency part is divided into pediatrics room, trauma room, resuscitation room. There are about 10 beds in each room. Because there was much number of patients, many patients were not able to enter those rooms. At first doctor distributes a patient to blue, red, yellow, green depending on the severity in triage room. Blue is the most severe patient. These code blue patient is committed in resuscitation room. Resuscitation room has six beds. About seven doctors and five nurses worked there. Indonesian doctor does not use a monitor to check the vital sign for not so severe patient. The monitor is put on only Code blue patient.



The cases were dengue hemorrhagic fever and hyperkalemia, cerebral hemorrhage, burn injury, meconium aspiration syndrome, flail chest and hemothorax, tension pneumothorax. Many patients, from a baby to an elderly person, come to the room. The doctor of the emergency part examine all the patients.



The director of emergency department came for rounds, and lectured in the resuscitation room. In emergency department, students make a diagnosis and think about the treatment plan. They can consult to a doctor immediately there. I felt that it was the adequate environment for education.



7. Daily life

① Dormitory

During the clinical clerkship, I stayed in a dormitory of Airlangga University campus C. I went to hospital by taxi every morning. It took approximately ten minutes(250 yen) to the hospital. I think that you should be able to speak basic Indonesian because the taxi driver cannot speak English.

You can buy a cold drink at the daytime in the first floor of dormitory. There is a shopping mall about 15 minutes from dormitory by walk. I did not feel that the public peace was bad. However, I recommend that you do not go out at night. Because there is not the sidewalk, and there is much traffic. There is not an air conditioner in the room. So, I went out on the weekend. There was terrible noise in the dormitory. But, I had good experience.



② Weekend and Sightseeing

We went to Jakarta and Bali island to play by air on every weekend. And, I participated in a game and an exercise of the basketball club with medical students.

All of Indonesians we met were kindness, We spent very happily.



8. Conclusion

The purpose in this clinical clerkship was to understand the difference of medical situation between Indonesia and Japan, and to know the strong point and weak point about the Japanese medical environment and education. To experience both healthcare settings, I was able to get an opportunity to think about what was necessary for better medical care and education in Japan.

Many medical textbooks in Indonesia use english. They were going to perform the conference in English positively. Many young doctors are good at English. On the other hand, Japanese medical students learn English depending on an effort and interest of each person. I think that it is necessary to touch medical english routinely by using english textbook and lecture in Japan. In addition, I felt the ability that could explain the Japanese medical situation and a certain disease in simple English was important to take a communication. I want to make use of these experience in my future doctor life.

9. Acknowledgements

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