

Elective module
University of Indonesia
6th April-1st May,2015



KOBE
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UNIVERSITAS INDONESIA

Kobe university
Faculty of medicine
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Before Clinical Rotation

On 3rd April, I landed on Jakarta, Indonesia.

I was full of excitement for the new encounter and the great reunion with the friends who came to Kobe University last year. The reason I decided to do my clinical practice in overseas was "to know the difference of medicine between the countries", "to improve my English skill", and "to touch the different culture from ours deeply". Now I think I achieved all the purposes in Jakarta.

On the arrival day, my friend picked us up at the airport and helped us a lot with the dormitory check in. She and another my friend also showed us around in Jakarta for next two days, and guided us in the hospital. With their help, we didn't have any difficulty on the first day in RSCM, which is the main hospital of UI (University of Indonesia). RSCM is a huge hospital and has many buildings .



pic1:The first dinner in jakarta with friends



pic2:In front of UI



pic3:the outlook of RSCM(1)



pic4:the outlook of RSCM(2)

Advanced life support module

For the first 2 weeks, I joined the Advanced Life Support module. This module is mainly supported by the anesthesiology department and divided into the emergency room, the intensive care unit, and the anesthesia in the operation rooms. We were introduced to dr. Riyadh at first and we discussed the schedule for 2 weeks. As a result we decided to study in the emergency room for the first 4 days, in the intensive care unit for the next 3days, and in the operation room for the last 3days.

1) Morning report

In this department they have morning report every day from 7:00am. The morning report is about the anesthesia plans for the patients who are going to have the surgeries on that day.

When it was held in Indonesian language, dr. Fahmi and the students there explained the cases in English . And the morning report is held in English for a few times a week ! It was my first surprise to know everyone in the department including the doctors, nurses, and the students can handle English very very well .

2) Emergency room

What surprised me here was, the emergency room was being in charge of by the anesthesiologists in Indonesia. They don't have the emergency room specialized doctors and this fact makes the anesthesiologists 'work much harder. We observed patients with the heart attack from aspiration, pulmonary disorder, burn wound with gas explosion, AMI, diabetic ketoacidosis, and so on. The doctors there were really busy in taking care of many patients but they were kind enough to split their time to explain to us.

They also have "code blue" system in the ward. If some patients go into bad condition, the cellphone the doctor has let him know it is "code blue". Then they run for the patients and try to help them.

We had some chance to discuss the cases we found in the emergency room with dr. Artha. We discuss not only the cases but also the medical issues Indonesia has. In Indonesia, especially in Jakarta, it has large amount of population and the facility is not enough for all the patients. The beds in the emergency room were always full and sometimes we saw the "family ventilation", which means the mask valve ventilation by the family's hands, because of the lack of the ventilation machine. This scenery was shocking to me. When I asked the priority of the ventilation, the doctor answered me they decide the priority depending on the patient's age and the condition.

And in Jakarta, the traffic jam is also an important problem. Every once in a while the

ambulances get stuck in the traffic jam and they don't have the doctor helicopters yet.



Pic5:Emergency room inRSCM



pic6:with dr Artha

Next to the RSCM, they have another hospital connected. The name is "RSCM kencana" . RSCM is a national hospital , on the other hand , RSCM kencana is a private one. The doctors and medical staffs are working both in two hospitals but they said the students are not allowed to do the clinical practice in the private one. Dr Fahmi took us to the RSCM kencana and showed us the emergency room there, and what I saw there was , there were many vacant beds and many ventilations . It is because the private hospital was not covered by the national insurance and only the richest patients can admit there . I also heard the fee is almost as 10 times as the national hospital.

3) Intensive care unit

In ICU, we saw the cases with herniation, and postoperative patient of liver transplant. Dr Yusuf and other doctors and the students there had discussion with us.

4) Operation room

I observed some surgeries with the students. For example I observed the surgery about pancreas tumor, oral mass, thyroid tumor and skin tumor plus skin graft .The drugs used for the anesthesia were almost the same as in Japan, but in the operation room in RSCM we had to take off all the clothes (even the shoes & socks).



Pic7:Operation room



pic8: with the students in international course

5) Case presentation & lecture with the students

Other than the activities above, we also joined the international class students. When we greeted for the first, they gave us a warm welcome. For the 2 weeks we rotated the anesthesiology department together. Since they are international students, they have almost all medical lectures in English and their case presentations were also in English. Nobody in the class seemed to have any trouble with using English and I was very impressed by that. We talked about many things like our cultures and medical issues. After we left this module they still keep in touch with us and we hanged out together many times.



pic9:with dr Maggie and the students



pic10 with the students in the classroom

Plastic surgery module

In the third week and fourth week in the elective program, we enrolled the plastic surgery. In plastic surgery, we were introduced to dr Handa first. She introduced us to many doctors in plastic surgery and they welcomed us.

Plastic surgery department in UI has burn wound unit, one operation room only for burn wound patients. And also this department has two own operation rooms besides the fact they can also use the common operation rooms. As a reason why they have a special facility for burn wound patients, I heard that some Indonesian electric cords are fragile .

For a first few days we followed dr Teddy's team. We followed the inpatients round with them and observed many cases such as pressure ulcer and congenital biliary atresia. He and other doctors (dr Forry and dr Bayu) in his team were very nice to explain the cases to us and have discussions with us.

And we also observed many operations. When I was in plastic surgery rotation in Kobe university, we didn't have much time for the operation so all operations in UI were new to me. We observed the operations with facial fracture, contracture after burn injury, hypospadias, sgap flap, mandibular reconstruction, metacarpal bone fracture and more through these 2 weeks. We never got bored in operation rooms because we always had the doctors who were explaining to us or taking care of us.

We also attended the journal reading and research report, and both of them were a bit difficult but understandable because it was all in English.



Pic11: with our supervisor:dr Handa



pic12: with the resident doctors(dr Risa and dr Delly)

Through these two modules, the most impressive part for me was everyone's ability to use English. Not only the doctors but also the nurses can speak English, and they even do their presentations / conferences in English. What is more, the students can use

English without any problem, even if they are the students in regular course, not in international course. The students we met in the anesthesiology module were in international course, so they take lectures in English and they make presentations in English as well. I was very stimulated by every moment, and recognized again how important handling international language is.

Other activities

On the weekends we had two trips to Jogjakarta and Bali.

In Jogjakarta, we met up the students from Kobe and the Indonesian friends who studied in Kobe last month. They showed us the great places in Jogjakarta, and we made brilliant memory there. And at this month we had 7 students in Indonesia from Kobe University, and we succeeded to meet up in Bali! This time again my Indonesian friend helped us a lot with the itinerary and we enjoyed the stay in Bali as much as we could.



In the afterschool & other weekend

One of the greatest things in Jakarta was the reunion with 5 friends who came to study in Kobe University last year! They helped us during our stay in Jakarta and they showed us around many nice places. We have been close friends since we met in Kobe, so this reunion was unforgettably fabulous to me. And also we made many friends with

international class students in anesthesiology module. They are also nice and supportive, and we went out together many times. Needless to say, our Jakarta life got much more enjoyable thanks to all of our friends. I think we were able to experience "what Jakarta really is " more than expected.



Conclusion

Supported by many people I made the most of my stay there. Now Jakarta is one of the biggest cities in the world, and sometimes I even felt Jakarta might be bigger than the city in Japan. Jakarta is the attractive city which has both of highly developed aspect and developing aspect.

And the most remarkable thing is, in Jakarta, medical education in English is much advanced. Almost all doctors and students can use English as they want, and they can even discuss something in English. Indonesian language uses alphabets and it has many similar vocabularies with English, so maybe that is one reason for it. But I started to think we have to make more effort to improve our English skill to be the ones who can tell our own opinions to the world.

I would like to say thank you to all the people who helped us during our stay in Jakarta. It was an honor for me to have such a great experience, and surely I will study medicine harder with this experience.