

Practice Report

Airlangga university

RSUD Dr. Soetomo Hospital Clinical Clerkship

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* Overview

I joined Clinical Clerkship in RSUD Dr. Soetomo Hospital for a month (pediatrics for 2 weeks and pediatric surgery for 2 weeks). In pediatrics, morning conference is started at 8 followed by lecture or ward training. And I joined night shift, went to see Puskesmas and Infection of Tropical Disease in this 2 weeks. In pediatric surgery, I joined operation, lecture and night shift. The schedule for this one month is following list.

	1st week	2nd week	3rd week	4th week
	Department of Pediatrics		Department of Surgery	
Monday	Tropical division	Institute of Tropical Disease	Pediatric surgery division	Pediatric surgery division
Tuesday	Tropical division	Tropical division	Pediatric surgery division	Pediatric surgery division
Wednesday	Tropical division	Puskesmas	Pediatric surgery division	Pediatric surgery division/ ER night shift (General Surgery)
Thursday	Tropical division	Respiratory division/ ER night shift (Pediatrics)	Pediatric surgery division	Pediatric surgery division
Friday	Tropical division	Neurology division	Pediatric surgery division	Pediatric surgery division

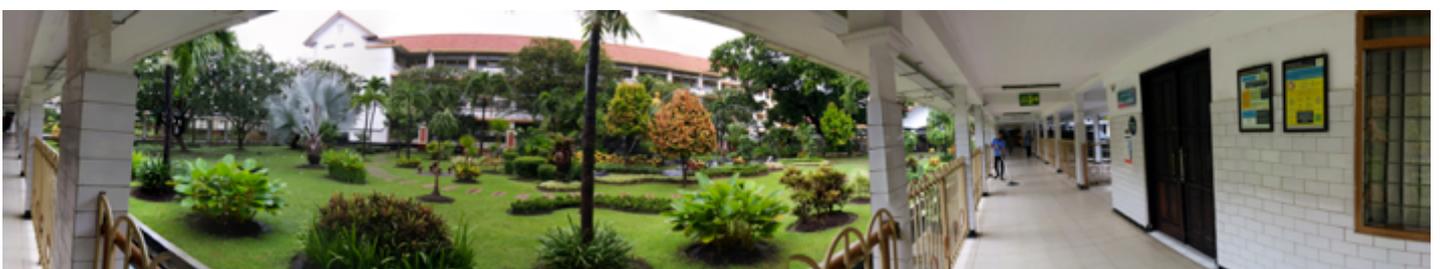
* RSUD Dr. Soetomo Hospital

Dr. Soetomo Hospital lies in Surabaya, having a lot of departments and accepting many patients as the last referral hospital in the east Java. It seems one of the three most famous teaching hospitals in Indonesia (my friend told me). The hospital area is four times as large as Kobe university

hospital, so it was very important to choose correct entrance to make the destination. Medical staffs can use English but the same isn't true of drivers or ordinary people in Surabaya. They don't seem to use English as much as people in Bali or Jakarta. For that reason, this phrase "Saya mau ke RSUD Dr. Soetomo" will be helpful. The facility of Soetomo Hospital is mixed the new one with the old one. There is not enough waiting sheets for patients or the room isn't air-conditioned well. So sometimes patients lie on the corridor to wait for examination.

Patients records were written on paper and some beds were in corridor. But university hospital in campus C is the latest building. Some buildings were built by support of

	Time Schedule for pediatrics
8:00	Morning conference
9:00	Patient Round
13:00	Lecture/Feed back
14:00	(Night Shift)
15:00	Lunch



Courtyard in Soetomo hospital

Japanese ODA.

* Pediatrics 40 to 50 medical students were rotating for three months in 14 divisions for each team. I chose tropical division as the main. I had to see patients with



Entrance for pediatrics

students in that week, but I was needed to read patient records or ask patient in Indonesian. I only learned some Indonesian greeting phrase or daily life words and it was not enough to understand patients.

Fortunately, my friends in that team was very cooperative and they translated what patients say or what is written in patients records for me. In that way, I managed to understand it. Students there were excellent. Without their help, I would not understand anything and end.

There were infection we don't see often in



Playground for kids

Japan such as Dengue fever, Typhoid fever and HIV. Especially in April, transitional period from rain season to dry season, there is the number of increasing mosquitoes and the case of dengue fever is also influenced. Interestingly, small fishes were swimming in the groove to prevent eggs from hatching out in the hospital.

Dengue fever is one of infection mediated by mosquitoes. It is common in countries around the equator. The vaccination is being developed and if people get dengue fever, the main treatment is symptomatic treatment.

Once symptoms start, it accompanies with fever, pain (headache etc) and rash. Fever will decrease within 7 days but there is the risk to dengue hemorrhagic fever (DHF) in this phase, it is important to observe risk symptoms (abdominal pain, vomiting, emphysema, ascities, mucous bleeding, thrombocytopenia etc). This risk is higher in children under 11 years old, patients who had preceded dengue fever before. The main pathology of DHF is caused by plasma leakage. For that reason, infusion of saline is needed. This is my own summary about dengue fever but surprisingly, the chief doctor explained dengue fever from epidemiology to treatment orally without power point or notebooks. That was easy to understand I was impressed. That chief gave us some lectures and I got a chance to prepare and explain Kawasaki disease. In Indonesia, Kawasaki disease is not as common as in Japan but she saw some patients. And it is suspected that it is related to infection. After lecture, I searched again,

Kawasaki disease has position of immunological disease in Japan but according to other reference, it says that it has relation with infection. It is important that we should discuss etiology from another point of view.

* Night shift in pediatrics



Entrance of ER



WHO text

Students here have to work for night shift in emergency

department with duty doctors and about 3 students. And after they finish it, they make presentation about it and show it to everyone and advising doctor in the morning, called morning conference, then they can get feedback and share their experience. This is close to that of resident (kensyui) in Japan. This method is physically and mentally hard but it is a good occasion of education at the same time. I also joined it and saw patient with DHF grade3. He doesn't have apparent hemorrhage like patient in Dr.Koto but his vital is unstable and his history told us it is Dengue fever. Duty doctor said "If you give him adequate infusion to him , he will be saved. If you know how and do it ." and told us infusion therapy. That was precious. Because She teached me seriously. And a

girl was brought to ER with suspected child abuse. If doctor suspected child abuse in Indonesia, it appears that forensic doctors have to see that patient. The system may be influenced by clinical forensic science. By the way, medical students has the rotation of forensic department for a month and experience judicial autopsy. I think it is quite different from that of Japan. Our clinical rotation doesn't have how to see criminal case or what judicial autopsy is like.

On the way to rest area for night duty, I walked corridor of pediatric word and noticed that mother lied on bed and slept with her kid. I thought parent's feeling for child may be common everywhere around world. But after that , I had to fight with more than 5 mosquitoes in the rest area and couldn't sleep well and take the risk of infection into consideration, finally I got back hotel.

* Textbook

1st line medication is sometimes different from that of Japan because of that price or resistance of antibiotics. They use textbook made in this university or WHO handbook.

* Puskesmas

Akahige , the leading roll in the movie "Akahige", says that there is always poverty and knowledge-less behind disease. As he says, the disparity of wealth is a big problem in Indonesia. According to patient's history, many of them are referred by puskesmas. Puskesmas is free-clinic and health center in Indonesia. They provide patients with mother-child education, immunization,



Puskesmas

delivery and ordinary examination. There are more than 200 patients coming here and only 3 doctors see them. People in Indonesia can have social insurance but there are a lot of people who can't pay it every month. And rate of TB is very high because of misunderstanding and knowledge-less immunization. For that reason, there were a lot of patients in division of respiratory. Vaccination rate is specially low in the Madura island. There are also diseases caused by malnutrition and vitamin deficiency such as kwashiorkor, spina bifida. I saw these patients in the word. Hygiene is not good. For example, even toilet in hospital is not good. Water tank is in toilet, people here wash after defecation to use it? I am not sure of that detail.



Hand crafted wheel-chair

But keeping water in tank makes time to increase mosquitoes. And there was a hand crafted wheel-chair.

During visiting puskesmas, my

friend told me that a man called preman managed parking. According to dictionary, preman means a rogue, hoodlum. Maybe he is a kind of that man. The story that this preman acts in Suharto regime can be watched in the movie "Out of killing".

* Research

I got interested in how much research they do because there are a lot of tropical diseases here. Airlangga university has institute of tropical disease. This institute is cooperating with Kobe university. They investigated what serotype is major to use extracted dengue virus from mosquitoes. This serotype change is related to the number of increasing DHF. Because patient who had dengue fever got again different serotype of dengue virus, it makes the possibility of DHF high. Some researchers think that cross-reactivity of antibodies cause it. And they also do research about the effect of copper for stopping mosquitoes eggs hatching. Indonesia has a lot of tropical diseases but they don't research for immunization. This research is very fascinating but it requires financial power and development skills. Even in our country, this reason may be one of problems. I think basic science in Indonesia should be invested more to increase circumstance for talented persons.



Institute of Tropical Disease

* Pediatric surgery

	Time Schedule for surgery
8:00	Patient Round
9:00	Out patient clinic
13:00	Lecture/Feed back
14:00	(Night Shift)
15:00	Lunch

I could see patients with the early phase of hirschsprung disease,

gastroschisis, omphalocele, neuroblastoma, crowzon syndrome, hydrocephalus, anal malformation. Triad of Hirschsprung disease was precious. To be honest, technic and equipment for anesthesia are not as good as Japan. In one neuroblastoma surgery, anesthesiologist kept pushing BVM because the apparatus of artificial breathing broke down.

I got chance to see other surgery such as vascular micro surgery because of shark bite referred from Papua.

In night duty, I saw a lot of patients with trauma. There are always accidents of motor cycles in Surabaya. I did suture in this time overseas. That was the first time and I got a little bit nervous.



Entrance of surgery

* Educational system

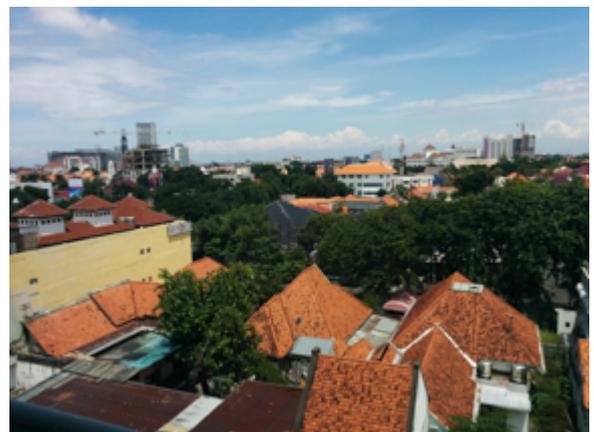
Students here have lectures for 4 years and clinical rotation for 2 years. After that, they work as a training doctor and will be a resident to have specialty. But clinical

rotation includes night duty and holiday shift, it is close to our resident life. Unfortunately?, they don't have any salary and have to pay tuition in this rotation. It is very severe.

There are some younger students here because Indonesia has grade-skipping system.

They learn clinical medicine and the system see clinical manifestation and physical examination is important. Resources of medicine in Indonesia, equipments for test, is not as enough as that in Japan. And those are very expensive. When I take this into consideration, I think this system is rational and reasonable. Meanwhile, our country has many equipments such as CT and MRI.

* Life and culture in Surabaya
 Surabaya is provincial capital of east jawa and the second largest economic city. (people here are proud of it) Before I get there, I searched on web or read some books about Indonesia, I found that the emblem of Airlangga university is the god



Cityscape of Surabaya

carrying a water jar, Garuda. This god is very popular because it is used in not only the name of Garuda airline, but also enshrined at Sanjusangendo as Karura. This god is seen in Kitaro, Japanese animation. The name of city is derived from the myth of suro (shark) and boyo(crocodile). We can see monument in front of Surabaya zoo and buy T-shirt with that picture.

The road is always busy because of shortage of public transportation. Rush hour in the morning and around 16 is



Emblem of Airlangga univ Surabaya T-shirt

awful. Four people riding on bike, running on side walk, horn instead of yell are common everyday. Becha can't be seen here as often as in Jogjakarta for that reason. We should cross the road betting our life.

What about the price in Surabaya? It is like basic fare for taxi is 70 yen, sate ayam in local mall is 200yen. But there is



Tunjungan plaza

tunjungana plaza providing Japanese price and has SOGO, a neat shopping mall. This town has a lot of trees, mosquitoes and ants. We can't stop seeing ants in your room. The gap between high and low income is seen in town. For example, town like slum is around the high grade shopping mall. I thought Japanese food is the best until eating foods in Indonesia but I got surprised at those foods here, it was great! How to use spice on every cousins like soup, chicken was very sophisticated.



Indonesian cousin

You can't spend life here without seeing religion. Muslim is one of major religion and it occupied a part of their life. For them, 5 times pray a day is basic. Pray sound echo throughout the town in the early morning. Every Friday is special day for muslim men. Even if they are medical staff or students, they go to pray at noon. There is always the pray room near toilet. Women drape a cloth on their head even in job time. You may think it is ceremonious but they change color or design, so it is more like that they enjoy dressing up.

And it is a batick day on Friday. I tried batick

my friend gave me.

It could be my imagination but I felt like that women are working harder than men everywhere. Added to that, I thought the gender of good position has higher ratio of women than in Japan. For example, a dean of faculty of medicine is woman. We should never forget that this country had a woman president.

Friends there took me some places. That was precious time. And I had chance to go to kindergarten in church to teach children how to fold Japanese balloon.



Kindergarten

* Looking back history

I am really glad that I joined this program in Indonesia. I feel like catching a glimpse of care systems in this nation, is totally different from Japan in the point of that they have a lot of ethnic groups, languages, religion and races. Sometimes they ask translation if they can't understand. In Surabaya, I saw the statue of the president Sukaruno. I think he is great that he got over this diversity and started this nation. Indonesia had been under colonization of Netherlands for a longtime and it was occupied by Japan during WWII. Soetomo hospital is also influenced and the record was kept in museum. We colonized Asia and opposed to western countries in the

past. And after war, we accepted westernization and our country developed economically under yoshida doctrine and our nationality. Also, countries in Asia got independence. Now we supports these countries through ODA or JICA and we also have some benefit. I made recognition of history deeper.

* Finally

I appreciate government, staff in Kobe university, my family and people in Indonesia who accepted me. They prepared this excellent program. Thank you very much.

* Reference for Surabaya

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Batick