平成 22 年度
医学科学生海外派遣報告書
個別計画実習

平成 22 年 7 月

神戸大学医学部医学科

目次

派遣報告書

■ Exchange Program 2010

Ramathibodi Hospital, Mahidol University,
Bangkok Thailand
05/04/2010 ～ 30/04/2010
Yoshihiro Atsumi (0583502M)

1. Introduction

I stayed at Ramathibodi Hospital in Bangkok from 5th April to 30th April in 2010. I learned at the Infectious Disease Department for four weeks. First of all, I would like to appreciate everyone concerned in this exchange program, especially Ms, Miwa and Ms, Koraphat who made a great effort to send me to Thailand and to make my stay comfortable and fruitful. Without their help my Thai stay was not so a meaningful stay that I could have. Now I want to notify what I saw and experienced in Thailand and some information for my juniors.

2. Objects of this program

Firstly, I would like to tell you why I chose Thailand as my place to study. There are three reasons. First, I was interested in Asian countries' culture, because I have never been to such country. Second, I wanted to choose a country that seems to have less medical level than Japan. However, I felt that Thailand, especially Bangkok's large hospitals, have

Ramathibodi hospital

With doctors of infectious disease department

almost same medical level as Japan. Of course there is economical problem, so not all Thai people can receive advanced medical treatment. Third, I knew that some Thai medical students would come to our university. Among many international programs only this one is "exchange" program. So I could know each other with some Thai friends before I went to Thailand.

Ms. Koraphat and Claudia from Italy

3. Daily life

I was staying in the dormitory which was next to clinic buildings in Ramathibodi hospital. 4th, 5th and 6th year students and residents live in the same dormitory. In my room there are four beds and desks and some fans.Unfortunately there is no air conditioner.

With exchange students

April is the hottest season in Thailand, but it is not rainy season. So humidity level is not so high, so you can live comfortably with only fans. And there are two shower rooms and bathrooms. I shared these with students in the next room. In this dormitory there is a computer room. So you can use internet or send E-mails without your laptop and you can see the video lectures like TECOM or MEC. Of course that is if you want to do. The hospital has a cafeteria open until dinner time and two Seven-elevens. There is no restaurant around hospital, so sometimes I use these shops. So, in dormitory life I never feel inconvenience.

Fortunately there were some other exchange students from other Thai university and abroad like me for example US, UK, Italy, Greece, Austria and German. I shared room with Thai students who from south part of Thailand for two weeks. As pictured below I sometimes had dinner with them. We always talk about Thai students' hard work and a lot of opportunity to practice some medical procedures. They said that they also have no chance to train medical procedures with patients during student. Three UK students in the picture were so friendly. However they moved to another dormitory, because they couldn't stand Thai life without air conditioner.

Ward round with professor

4. The infectious disease department

In infectious disease ward I always round with Italian student whose name is Claudia. She is 5th year student and already choose infectious disease (ID) as her clinical subspecialty.

Ward round

In the morning, we attended ward round with fellow and residents. There are not special ward for this department. They are usually consulted by other department doctors and examine patients with them, so we have to walk around all over the hospital. At patient bedside they discuss about disease and treatment. Residents or fellow translated their discussion into English, so we could understand about patients. However, there were sometimes really complicated cases. About such cases they had to concentrate to

Prof. Somnuek Sungkanuparph

discuss, so they couldn't explain for us. In this ward round we saw a lot of patients who were immunocompromised because of underlying cause and have active infectious disease. Underlying causes were diabetes mellitus, leukemia with chemo therapy, kidney transportation, steroid therapy, long hospitalization, ventilator, HIV. And I saw Tuberculosis, Aspergillosis, Candidiasis, Syphillis, Cytomegalovirus disease, Nocardiosis, Cryptococcus meningitis, Histoplasmosis, pneumonia, sepsis, and so on. They taught to us these infectious diseases' clinical findings, how to make diagnosis, how to treat, how to use antibiotics. As I already said, this hospital's medical level was almost same as Japanese hospital. They often used X-ray, computed tomography (CT) and magnetic resonance imaging (MRI). So, they told us how to read these images. On the other hand, when they suspected that patients had ID, they made gram stain sample quickly. During my training I had a lot of chance to make gram stain sample and look for pathogens and I found gram positive cocci, gram negative rods, Asprgillus, Nocalgia and Cryptococcus.

In the afternoon, we sometimes had ward round with Prof. Somnuek Sungkanuparph. During professor's round occasionally 5th grade students made case presentation at bedside. They told us the patient's chief complain, history present illness, review of system, past medical history, physical examination, laboratory data, other tests result, diagnosis and plan to treat. After that students and professor discussed and he gave feedback to students. Of course usually they made presentation in Thai language. But one day because of I and Claudia, he make Thai female student present in English. At first she hesitated to make English presentation. However once she started to speak, she made fluent English case presentation. And I, professor, students and Claudia discussed about this case in English.

As just described, Thai medical student could speak medical English well. This is because they often use English textbook to study medicine and they know they need English if they want to be a success as a doctor. Many residents are so shy like Japanese, so they hesitate to speak English. However, when I asked some question, they answered in English with a lot of medical term.

Outpatient department

I observed professor's outpatient department (OPD). Prof. Somnuek Sungkanuparph was one of the HIV specialist in Thailand and member of making Thailand HIV treatment guideline. In Thailand, there are 600,000 people living with HIV. Adults aged 15 to 49 prevalence rate is 1.4%. There used to be death due to HIV. However, nowadays generic antiretroviral drugs are available by Government Pharmaceutical Organization. The patients who can't afford to get antiretroviral drugs can get them cheaply. So, recently the number of death due to HIV is decreasing and also the number of patient who

"Land of smile"

have opportunistic infections (OI) is decreasing. This means HIV patient do not need hospitalization. So, his OPD was full of HIV patient. In his OPD he always checked patients' drug adherence, because drug adherence to the treatment is vital to stay healthy and prevent the virus from developing resistance to the drugs in HAART. He said that building a good relationship between doctors and patient is very important in HIV treatment to keep their drug adherence.

Lectures

We were given some lectures about fungus, influenza, HIV, infection control and clinical microbiology. Prof. Somnuek Sungkanuparph had HIV lecture. He showed world HIV prevalence rate, Thai high prevalence rate, history of HIV in Thailand and how important drug adherence is. Through this lecture we could feel his passion for challenging to defeat HIV.

5. Conclusion

Through this program, I was able to have fruitful experience and knowledge that I could not be acquired in Japan. I think it make my mind broad because I could learned a lot of differences of medical system, education, culture, people's character between Japan and Thailand. For example, male-female ratio of doctor in Thailand is about 1:1, maybe more female doctors than male. Some student said that Thai people think doctor is rather female occupation. So I think Japan can get some ideas about environment surrounding female doctors.

At the end of my report, I would like to tell about Thai people. During my stay I made some Thai friends outside hospital. Thailand is often considered "land of smile". Actually their smile made me happy and made my stay delightful time. I am glad to see Thai full smile people.

■ Exchange Program 2010

Siriraj Hospital, Mahidol University, Bangkok, Thailand

Ayumi Kubo (0563582M)

1. Introduction

I thought that the kind of a prevalent infectious disease was different from Thailand in Japan because of difference of climate, conditions, etc. and I could learn infection disease there that I couldn't learn in Japan. This is the reason why I chose the training in Thailand.

In addition, I was interested in Thai culture, and I thought it was very good chance to know it.

2. Schedule

5, April~23, April: Trauma surgery

26, April~30, April: Infectious Disease of Medicine

3. Trauma surgery

Center

There was emergency room, room to see walk-in patient, room to treat sever trauma

With Prof. Methe

patient, man power office, and corpse installation room. I heard that that center had been made to perform medical care effectively when the catastrophe happens and a lot of trauma patient are transported.

I was usually at the room to see walk-in patient, and surprisingly, it was the very openhearted room. There were five or six I was usually at the room to see walk-in patient, and surprisingly, it was the very openhearted room. There were five or six desks for medical examination by interview in the big room. Unlike Japan, there wasn't any private room. There was no curtain to partition!

At the trauma center

Medical Interview

I received practical training with the Thai students of the sixth grader. The students were chiefly doing medical interview and writing clinical record.

With Thai students

With residents and another international student from USA

The Thai medical education resembles Japan and students enter the medical department of university after graduation from high school and graduates in six years. That is, they are the same school years with me. I realized the difference between Thai educational system and Japanese because I saw the appearance.

I got a lot of chance to perform these skills. Because it was not possible to do such skills in Japan easily, it became a good experience for me.

In Thailand, it is necessary to sterilize the sutured wound every day. It means the patient had to come there. This was so different in Japan. This difference may be caused by the difference of the hygiene environment.

Infectious disease that relates to injury : rabies, tetanus, and so on

Rabies and tetanus, rare infectious dis eases in Japan are common in Thailand.

It was a routine work to hear whether the patient bitten by an animal do the vaccination of these infectious diseases.

Surprisingly, so many patients bitten by animals such as dogs, cats, mice, and snakes came to see doctors everyday.

4. Infectious Disease of Medicine

HIV clinic

I was able to examine a patient of the HIV infection in Thailand. So many patients came to see doctor for follow-up and controlling the virus. Doctors checked the level of the progress of the condition by chec k ing number of HIV-RNA and CD4. There is a report that the number of patients of HIV infection has increased in Japan. However there is little chance to treat HIV infected patient in Japan now. So it was a good experience for me to see the patient of HI V infection through this practice and it i s worthwhile for my future.

The interesting case I saw was infected both of hepatitis B virus; HBV and human immunodeficiency virus; HIV. Lamivudine is useful to treat both of them. To treat HBV infection, we use only lamivudine, and using only lamibudine have HIV to get resistance to it. It means that we have to check whether the patient is infected HIV or not before using lamibudine for treatment of HBV infection.

Consultation Round

In evening, there was consultation round every day. Other department's doctors consult doctors of Infectious Disease. After having discussions, they visited patients and decided a plan how to treat the patient.

5. Thai culture

I have great experiences in holiday. And through it, I make good friends with Thai students. It was nicer experience for me than training in the hospital.

Floating Market

Many boats are floating on the river, and each of them is a shop. We could enjoy shopping at the riverbank or on our boats. Floating market was the traditional market style in Thailand. However, now it is disappearing, so Thai government to save that tradition for resource of sightseeing.

We charters the boats and enjoyed shopping form it and ate supper on the boat. It was very interesting.

After having supper, we went to see fireflies. There were so many fireflies on one tree that I misunderstood that tree was decorated with light bulbs at the beginning of the tour. It was beautiful sight very much.

Teaching Thai students Japanese language

Songkran Festival

In Thailand the second week of April is period of congratulation at Thai New Year. It is called Songkran. We can shoot anyone, anytime, anywhere by WATER-PISTOL! Bargaining of the water was performed everywhere.

I heard the ceremony sprinkling water to a Buddhist statue to cleanse changed the style and spread all over Thailand. Everyone, staff in restaurants, station employees, police officers, and so on, enjoyed this festival, and I got wet so much!

6. Conclusion

Through this program, I could have so nice experiences that I couldn't have in Japan. This experiences should be worthwhile for my future. At last, I sincerely thank you all who gave me

such a great chance.

■ Exchange Program 2010 ■

Siriraj Hospital, Mahidol University
Bangkok, Thailand
April 5th ~ April 30th, 2010
Ayu Yoshida (0503954M)

1. Introduction

I had an opportunity to study as an elective student at Siriraj Hospital, Mahidol University in Bangkok, Thailand for 4 weeks, from April 5th to 30th with Ms. Kubo. I studied in two department; Trauma Surgery and Infectious Disease.

2. Object

I applied to this exchange program for the following reasons.

Firstly, I would like to experience medical education in a foreign country and gain worldwide view. I heard about this program from Ms. Tokuno, who took part in this program last year and I was strongly interested in it.

Secondary, I would like to learn diseases that I seldom see in Japan. For example, in Japan, we have little chance to see patients with HIV positive, but in Thailand, there are many HIV patients. Siriraj Hospital is one of the largest hospitals in Asia and the oldest hospital in Thailand. It's a good opportunity to know what disease patients are suffering from and what treatment they are given.

Siriraj Hospital from Chao Phrya River

The courtyard of Siriraj Hospital

Thirdly, I would like to improve my English. Although in Thailand, English is not common language, doctors and medical students could speak English very well.

3. Schedule

4/5~23: Trauma Surgery
(4/12~16: Songkran Festival)
4/26~30: Infectious Disease

4. Trauma Surgery

Siriraj Hospital has Trauma Surgery department separated from ER. I studied there for the first three weeks.

We stayed at Out Patient Department (OPD) from 8:00 a.m. to 4:00 p.m. There were always a lot of patients. I saw various cases from cut wound, fracture, burn wound, wound infection, to dog, cat, and snake bite. Such animal bites are rare in Japan, but in Thailand they are common. There are many cases of animal bite and dirty wound that may cause infection, so it

is important to treat patients by clinical practice guideline of rabies prophylaxis and tetanus prophylaxis.

Every day, we had a lot of traffic accident cases, especially motorcycle accidents. I was surprised to know that in Thailand, motorcycle accident is abbreviated as MCA like middle cerebral artery!

In the afternoon, we joined some lectures and case studies. They are about primary survey, gunshot case, and review of emergency medical treatment.

In this Trauma Center, they have Burn Unit and give some special treatment to patients who have severe burn wound. We had some chance to visit it.

They did also surgery like skin graft, and tracheotomy and I could observe them.

In Thailand, 6th year medical students are called “extern”. They work like doctors in Japan. They take medical history, examine, diagnose, and treat patients. The conversation with patients and discussion was done in Thai language, but doctors and medical students translated it into English so that we could understand it. Sometimes the discussion was done only in English. Generally, they speak English very well.

I was impressed with their wide knowledge and diligence. I have to follow their attitude to study. Besides, they have night time shift 2 or 3 times a week. It’s their duty. We took part in night time shift once.

Doctors and students are all kind. They let us to do some skills. I practiced procedure such as suture and wound dressing.

With residents

5. Infectious Disease (ID)

We had consultation round every day. Other departments consult ID. We walked around ward to ward in this big hospital. We visited 10~15 patients depending on the day. The diseases are various, such as urinary tract infection, postoperative pneumonia, hepatic abscess, necrotizing facilities. They had discussion and made a decision on how to treat them.

On Tuesday, there was an outpatient HIV clinic. This is for the patients who are HIV positive. Most cases are for follow-up and controlling the virus with routinely checking CD4 and HIV-RNA. Those who take HAART (highly active antiretroviral therapy) also have the resistance of each medicine checked. I was surprised how many patients came to see doctors and there was no partition.

On Thursday, there was HIV round at the ward. The patients were not in good condition. Some patients had complications such as tuberculosis and cytomegalovirus disease.

They have some workshops for residents, and I joined it. The contents were about the cause, examination, diagnosis, and treatment of various infectious diseases. They were sometimes a little too difficult for me but very interesting.

One of the interesting difference I found is that as the causes of prolong fever, they first consider malignancy, infection, connective

tissue disease like in Japan and infection includes melioidosis, which is epidemic in Thailand.

PI party

6. Daily life

It is said that Thailand has three seasons; hot, hotter, and the hottest season! Actually, April is the hottest season and the temperature is about 35 □ every day.

During this program, we stayed at the dormitory. Although it was a little old and not spacious or the shower was not hot, it has an air conditioner, so it was comfortable enough to stay one month.

There are several cafeterias and convenience stores in the hospital, and a lot of shops, restaurants, and food stalls nearby the hospital. It was very convenient.

Unfortunately, as reported in the media, the politic situation was not stable and there were a lot of protesters, so we could not go to the center of Bangkok. However, Siriraj Hospital is some far from the protester area and the King was in hospital in this Siriraj Hospital then, so it is said that our hospital is the safest area in Bangkok. In addition, Thai students always took care of us, so we could really enjoy Thai life.

Songkran Festival

When we had free time, Thai students took us to dinner and trip. We also played tennis and basketball. We enjoyed sightseeing many interesting places.

During our stay, Thailand has holidays called “Songkran.” It is the traditional Thai New Year. During the Songkran Festival, people play with water.

I had the chance to join kind of school festival called “PI Party”. I had a great time with my many Thai friends.

Thai people are really kind and friendly, so if we were in trouble, they always helped us. We enjoyed talking a lot from daily conversation to medical talk with our friends.

Thai food was fascinated me. I didn’t like spicy food at first, but I got used to it and even got to love it. Especially I love Pad Thai, which is fried noodle in Thai style. I also love Thai fruits such as mango and banana. It was my great pleasure to eat Thai food.

7. Conclusion

Through this program, I could have great and fruitful experiences. Thai medical students studied and worked very hard. I strongly believe this exchange program enhanced me and gave me precious academic experience. Furthermore, I had not only medical experience but also invaluable experience through communication with Thai people in Thai culture. I am sure that I could make many lifetime friends.

I hope many junior students get interested in this program and really recommend going to Siriraj Hospital.

I would like to express my deep appreciation to all the people supporting this program. I am very thankful to Siriraj Hospital staffs, friends, Kobe University staffs, my classmates who went together, especially Prof. Kawabata, Ms. Miwa for providing me this precious opportunity. And Ms. Kubo, thank you so much.

■ Exchange Program 2010 ■

Hospital Tuanku Ja`afar,
International Medical University
Malaysia
April 5th-April 30th

Junko Nakano

1. Introduction

Hospital Tuanku Ja`afar

Fortunately, Ms. Yukari Tsushima and I had an opportunity to study at International Medical University in Malaysia from April 5th to 30th. I was in internal medicine posting for first two weeks, and pediatrics posting for the next two weeks. I 'd like to report what I saw and studied there.

2. Object

I've wanted to study abroad since I was a junior student. The reasons why I chose to go to Malaysia were that English is one of the national languages and I wanted to see what is the clinical practice in Southeast Asia like.

Before I went to Malaysia, I set three goals.

1 Study about diseases that are unique to Southeast Asian countries
2 Improve my medical English skill and daily English conversation skill
3 Make many friends in Malaysia and enjoy staying there

3. Four week-timetable

The timetable of internal medicine posting and pediatrics posting have been described by Ms. Y. Tsushima, previously. I usually followed semester 9 students in both posting.

4. Internal medicine

I did my clinical work in one of the government hospitals in Seremban where patients can basically get free treatment.(They only pay for hospital charges) The official religion of Malaysia is Islam, so male and female patients over fifteen are admitted to different wards separated from each other.

Students divide the whole patient in a posting between them, so each students have at least several patients in charge. They have to figure everything about the patients out, and present the case in front of their group members and doctors in the morning. There was an atmosphere that students can take history of patients or examine patients more freely. Malaysia is a multiethnic country, so

With IMU students in internal medicine posting

there are Malay(70%), Chinese(20%), and Indian(10%) patients. I was really impressed to hear students speak different languages depend on the patients. There are few patents who can speak English, but students found such patients for me to take history or examine. In internal medicine posting, I could learn various diseases like cardiovascular diseases, endocrine diseases, infectious diseases and so on. In Malaysia, doctors carefully examine patients to check whether they need medical tests or not. For example, if they deicide to take X-ray or not depends on what they hear from the patients' lung. They make out the sounds of bronchiolitis and pneumonia correctly. I was shocked to hear that. There would be some reason they don't use medical tests so often, but I thought their examination skill is great. In the afternoon, I attended the lectures about certain topics. Doctors seemed to focus more on the management of diseases. Students prepared for the class and held active discussions.

5. Pediatrics

In pediatrics posting, I spent in the pediatrics ward or neonatal ward in the morning, and joined lectures in the afternoon. The number of children in Malaysia is much larger than that of Japan. Many new children are admitted to the hospital and are discharged in a day, so students were busy covering those patients.

Most diseases for children I saw in Malaysia seemed similar to the diseases I saw in Japan, but I was really surprised to see a lot of children caught Dengue fever in Malaysia. I had a precious experience to learn about the symptoms and management of Dengue fever.

Schoolwork

6. Daily life

Yukari and I were staying at a condominium within a five-minute car ride from IMU. I felt it really exotic to hear someone reciting the Koran several times a day at a time for pray. The condominium has kitchen, large living room, and three other rooms. I found it very comfortable though I sometimes had troubles with bugs.

IMU students were really kind to us, taking us to a lot of fantastic places like night market, Chinese old settlement, traditional palace, a famous mountain for hiking and so on. We ate out with students almost every evening, and enjoyed a lot of spicy Malay food, Chinese food and Indian food.

On weekends, I visited Malacca and Kuala Lumpur. Malacca is a century-old traditional city. I was able to see many European-style historical buildings because once Malacca was a colony of a few European countries as they thought it's an important place for trading. In Kuala Lumpur, I stayed at my friends house. I enjoyed homestay and shopping.

I also visited a village where the aborigine lives. This is the student-centered program organized by IMU. Many of the aborigine people live together in villages a little bit far from hospitals or clinics and they tend to be lack of knowledge about good health, so students and doctors visit their house one by one to provide physical checkups and medication if they need. I met many cheerful and friendly aborigine children, but most of them had some health problems like galloping dandruff, cutaneous fungal disease, parasite and so on because they live in conditions of poor hygiene. It was really fun mixing with the aborigine, but at the same time I was shocked

Malacca

to see such children whom I can't see in Japan.

7. Conclusion

Through this program, I had a precious experience. I sometimes felt it difficult to keep up with lectures because of my English problem, but doctors and students kindly supported me. I want to develop from this great experience.

I express my appreciation for Mr. Shirakawa, Ms. Miwa, and everyone in Japan and Malaysia who arranged this program, and I also thank Ms. Yukari Tsushima and my friends in Malaysia for making exciting and unforgettable memories for me. Thank you.

With Residents in Kuakini, from the left: Dr. Ong, me, Dr. Rollen

■ Exchange Program 2010 ■

Externship in University of Hawaii

April 5 –April 30, 2010

Sayaka Sugioka (0573542M)

1. Introduction

First I would like to thank you all, who organized this program and helped me to get through this program, for giving me such a precious opportunity.

By accomplishing this program, I learned so many things and met many people that influenced me so much.

For the first three weeks, I joined the team care

Front entrance of the Kuakini Health

in the internal medicine at the Kuakini hospital and for the last week I studied Family medicine at the Dr. Tokeshi's office.

2. Internal medicine in Kuakini hospital

Team care

Internal medicine team has 4 teams, ABCD. Each team consists of upper resident, lower resident, 3rd year medical student. Each team has on call day every 4 day. I joined the team D and shadowed the residents.

Daily schedule

6:30~7:30 pre-round: visit their own patients, take physical examination, and write progress notes (students write shadow chart)

8:00~10:00 AM report session: a resident presents a case which they experienced and thought it would be good and interesting to discuss with all residents and an attending doctor. And then residents and we students think about the differential diagnosis and treatment with the attending doctor.

From the left: Hitomi, a Japanese medical student from Tokai University,

10:00~11:30 attending round - Dr. Fukuyama (cardiologist) or Dr. Watter's (neurologist) lecture: A resident presents an interesting case and Dr. Fukuyama or Dr. Watters taught us how to approach the case and gave us a lecture associated with the case.

11:30~12:30 ICU round: if they have patients in the ICU, residents present cases to other residents (especially who are on call that day) and ICU doctor.

12:30~13:30 drug lunch: some medical representatives from the pharmaceutical company come to the hospital and make a presentation about the drugs at lunch.

13:30~the end of the day: round with the team or do the dictation and sign out.

What I learned through this program

Through this program, I learned so many things. First, what really impressed me is the clinical level of the medical students. Their clinical skills are really good and almost the same level of the residents. They can write the progress notes, present a case, take a history and physical examination all by themselves. So, they play an important role in the team care and they are not just the observer.

We international medical students are not allowed to write on the real chart, but can write shadow charts and ask residents to go over it. Especially, the chief resident Dr, Ryan taught me well how to write the chart and approach the Assessment Plan. For example, about the assessment plan, he taught me how to write the etiology, how to rule out the differential diagnosis, what's going on with the patient and plan, how we want to treat and follow up the patient. His teaching helped me to understand the disease deeply, and consider and plan the treatment logically by myself.

When I was in the internal medicine team care, I saw many patients and learned many cases such as altered mental status (especially because of hyponatremia), TIA, acute pancreatitis, pulmonary fibrosis, pneumonia, fall, GI bleeding, tetanus, hyperkalemia, and so on. I felt that having a certain specialty is good, but at the same time, managing the

patient in terms of whole body is also interesting. I found the importance with interest in the general internal medicine.

In the ICU round, when residents presented cases, they spoke so fast that I sometimes couldn't follow them. However, I learned and became to know the importance of making a presentation well. In the AM report session, the lecture was very interesting to discuss and I could learn a lot.

Dinner with Dr. Little, second from the right

Difference between medicine in America and Japan

Generally, residents don't do a simple procedure such as drawing blood or taking a blood pressure or so. When they write an admission summary, they dictate the case to the recorder and the other specialist who knows the medical terms well wrote the case from the recorder. They always ask every patient the code status such as full code or DNR or modified. Abovementioned three things are quite different from Japan.

I heard that more than half of the medical students are women in almost all medical schools in the USA. I met many women doctors who are professors or directors. Also in Japan, recently more and more women doctors are working in the hospital, but not as many compared to USA. I was influenced by such women doctors who were doing great jobs both in the workplace and in the house

3. Family medicine ~Dr. Tokeshi's Dojo~

Daily schedule

4:30~6:30 pre-round: we start rounding at 4:30 in the nursing home which is located near the Kuakini hospital. We meet all patients in the nursing home (12 to 13 patients) and write the progress notes by 6:30.

6:30~8:30 round with Dr. Tokeshi: we round with Dr. Tokeshi and listen to his story. He is one of the most sophisticated persons that I've ever met and told us about not only the medical knowledge but also Hawaiian history, culture, Bushido spirit (That's why the medical training at Dr. Tokeshi's office is called a 'Dojo') and so on.

8:30~13:00 outpatient clinic: We are allowed to take history and physical examination of almost all the patients and take the blood pressure and draw blood. At the end of the week, I became to take a blood pressure and draw blood by myself with confidence.

14:00~17:00 evening round and admission: We are allowed to write the progress note and admission summary and even dictate!

He taught us not only medical knowledge but also the attitude to the patients, in other words, how to work as a good doctor, and so many things.

About the relationship between the patient and Dr. Tokeshi, I can tell how much he is trusted by the patients and their families. I thought this is certainly an ideal situation for a Family medicine.

4. Dr. Little's presentation class

She knows the Japanese typical mistakes in our pronunciation of English pretty well. For example, the difference between L and R, intonation of 'urine', 'hypertrophy', and so on. So, she corrected many pronunciations and she told me how to present a case well to the audience.

5. Sightseeing

We have a day off once a week. Also, some of the weekdays, I could sign out earlier. So, I had chances to go to some beaches. Besides, Dr. Tokeshi also took us to many places such as Nuanu Pari and the hill of Punchball and so on. Hawaii's landscape is absolutely beautiful and it's beyond description!! The photo attached is a Lanikai beach and I heard it is called a "heavenly sea" or "the beach God made for us to show how much he loves us".

6. Conclusion

Again, I'd like to say a big "Thank You" to all the people who helped me to get through this program. Thanks to many people's help, I was taught many things through this externship and had one of the most precious experiences in my life. Besides, this is the first time for me to live all by myself in the foreign country for one month. So, I think I was grown up.

To the juniors, I would strongly recommend this program. I think the goal through this externship is different from person to person. Some may think they are interested in family medicine or general internal medicine, some may think they want to see the difference between the American medicine and Japanese medicine or others may think they want to improve their English skills. Whatever the goal is, through this externship, I think

everyone can learn new things and find their answers they wanted to know. The qualification to apply to this program is the TOEFL iBT with the 94 score. I know it's a little bit high, but please don't give up and try taking it. Don't get too nervous and don't be afraid of jumping into the new world. Where there is a will, there is a way.

■ Exchange Program 2010 ■

The University of Pittsburg Medical Center (UPMC) Externship 2010(April12~23)

Sumio Minamiyama

1. About UPMC Shadyside

UPMC Shadyside is a 517-bed tertiary care hospital that has been serving the residents of Pittsburgh and the tristate area since 1866. UPMC Shadyside offers primary medical care; physician and nursing education; and a broad range of specialties that include cardiology, oncology, orthopaedics, geriatrics, gynecology, vascular medicine, endocrinology, and more.

UPMC Shadyside's medical staff includes nearly 1,000 primary care physicians and specialists, many of whom have offices at the

hospital and throughout the community

2. About UPMC Shadyside Family Health Center

UPMC Shadyside Family Health Center provides medical care for people of all ages.
As a patient at UPMC Shadyside Family Health Center, you will choose a physician who will serve as your primary care physician. The physicians are grouped into four partnerships, and if your physician is not available, one of his or her partners will meet your medical needs. The UPMC Shadyside Family Health Center is a model of family medicine, where physicians come to the office to learn the specialty of family medicine.

Since 1970, UPMC Shadyside Family Health Center has been teaching doctors to become specialists in family care. Experienced family doctors serve as the faculty or teachers in this program.

3. Schedule

Day 1
Morning: Orientation by Dr.Takedai
Afternoon: Shadowing a resident at FHC (Family Health Center)

Day 2
Morning: Shadowing a resident at FHC
Afternoon: Lecture about Breathing by Dr Block at his office

Day 3
Morning: in-patient round with a resident
Afternoon: Didactic session

Day 4
Morning: in-patient round with a resident
Afternoon: Shadowing a resident at FHC

Day 5
Morning: Shadowing a resident at FHC
Afternoon: Shadowing another resident at FHC

Day 6
All day: free time

Day 7
All day: free time

Day 8
Morning: Shadowing a resident at FHC
Afternoon: Shadowing another resident at FHC

Day 9
Morning: Shadowing a resident at FHC
Afternoon: Lecture about Dementia by Dr Block at his office

Day 10
Morning: in-patient round with a resident
Afternoon: Didactic session

Day 11
Morning: in-patient round with a resident
Afternoon: Shadowing a resident at FHC

Day 12
Morning: Shadowing a resident at FHC
Afternoon: Shadowing another resident at FHC

4. About Shadowing a resident at FHC

This is what you call examining outpatients. At first, I asked a nurse who I could shadow. He or she (almost always he) hooked up me and a resident. Basically I observed what residents did. You know, only observation is often boring. However, it was not true in this time. This is because, patient had really various diseases. Concretely speaking, they had infectious, dermatologic, gynecologic, pediatric and psychiatric diseases. It meant that I could see

real primary care, which I could never see in a university hospital and let me know the differences between America and Japan. For example, I met too many patients who were involved with drug problems. I never met those people in Japan.

Next, all of residents were so kind that they explained what they thought about patients. They should consult preceptors about patients, so it was interesting and useful to hear their discussion.

5. About in-patient round with a resident

Actually, this was most boring part of my externship. This is because residents were so busy to type their patient's case records or to consult their attending physicians on the telephone that they couldn't talk with me. And the number of in-patients was small. Their conditions were stable. I could get less from this part. But after the round residents made a small conference. It was helpful for me.

6. About the lecture by Dr Block(Afternoon of Tue)

This is the hardest part. This lecture was held in a small office. Audiences were only me and a few medical students. So I was asked questions frequently which embarrassed me. I think that they would have been difficult if they had been in Japanese. But it was difficult for me to keep up with English lecture. Therefore, you do not have to worry about this one if you can understand native English completely.

7. About Didactic session (Afternoon of Wed)

In the afternoon at Wednesday, all members of family medicine were divided four group (dementia, diabetes, child care, social care) and discuss about each themes. After that all of them gathered in a room and heard some lectures. These were variable, I heard ones about how to use new soft of PC, diagnosis of adult ADHD, and two other themes (I forgot them).

8. About others

In the early morning of Fri and lunch of Tue, I had more lectures. Twice in a week, hospital served lunch. In other days, I ate lunch in the cafeteria of the hospital.

9. About the stay in Pittsburg

I had a homestay. At first I heard I could stay the accommodation of the hospital. But that facility was used by American medical students, so I looked for somewhere else I could stay. Then I found the company, OvECS, Ltd which introduces home family. I applied this company, and I could meet the greatest home family, the Okey family. They were too kind to take me Incline, Station Square and so on which are Pittsburg's landmark on the holiday.

The Okey family

10. Message for my junior students

I think this externship was the greatest experience for me. I could observe the American medicine itself. It is difficult after you become a doctor. So, if you are interested in the American medicine or family medicine, you should apply

this program. But watch out two points. First, if you are poor at English, you should study English hard. Of course, every conferences, lectures, sessions, discussions and conversations are in English. It means if you cannot understand English, you can get nothing. Although , those who had stayed at a foreign country for a long time do not have to worry about this, others like me should realize this again. Second, you should have a purpose or purposes, for example to know what family medicine is, to find differences between American and Japanese medicine or to realize how patients come in America. Two weeks is too short for learning many things. So, it is helpful to focus your attention on something.

11. Gratitude

Finally, I would like to express my deep appreciation to Dr. Takedai, Dr. Hashimoto and Ms. Miwa for providing me this precious opportunity. Also, I would like to thank all other people who helped me for going through this externship.

■ Exchange Program 2010 ■

Communicable Disease Centre,
Tang Tock Seng Hospital, National University Singapore, Singapore
2010, 18th April ～ 6th May

TETSUYA SAKAI (0513537M)

1 .Introduction

I stayed in Singapore from 18th April to 6th May. I studied infection diseases in Tan Tock Seng Hospital (TTSH) and Communicable Diseases Centre (CDC). I think I had so wonderful experiences at Singapore, so I would like to appreciate everybody concerned in this program. In this report, I would like to introduce what I did in this program.

2. My Schedule

Day 1 4/19 (Mon)
Morning: round in ward 71(CDC)
Day 2 4/20 (Tue)
Morning: round in ward 71(CDC)
Afternoon: Journal Club
SOC
Day 3 4/21 (Wed)
Morning: round in ward 71(CDC)
Afternoon: Department Meeting and Teaching
SOC
Day 4 4/22(Thu)
Morning: round in ward 71(CDC)
Afternoon: Teaching
SOC
Day 5 4/23 (Fri)
Morning: round in ward 71(CDC)
Afternoon: ID research
SOC
Day 6 4/26 (Mon)
Morning: round in ward 72(CDC)
Afternoon: Travel Clinic (TTSH)
Day 7 4/27(Tue)
Morning: round in ward 72(CDC)
Afternoon: Journal Club
Infection Diseases Consult (TTSH)
Day 8 4/28 (Wed)
Morning: round in ward 72(CDC)
Afternoon: Department Teaching
Infection Diseases Consult (TTSH)

Day 9 4/29 (Thu)
Morning: round in ward 82(CDC)
Afternoon: Teaching
Infection Diseases Clinic (TTSH)
Day10 4/30(Fri)
Morning: round in ward 82(CDC)
Afternoon: Interhospital grand round (National University Hospital)
Infection Diseases Consult (TTSH)
Day 11 5/3 (Mon)
Morning: round in ward 5A (TTSH)
Afternoon: OPAT (TTSH)
ICU ID rounds (TTSH)
Day 12 5/4(Tue)
Morning: round in ward 5A (TTSH)
Afternoon: Jornal Club (TTSH)
ID consult (TTSH)
Day 13 5/4(Wed)
Morning: round in ward 5A (TTSH)
Afternoon: Department Teaching
Infection Diseases Consult (TTSH)
Day 14 5/5(Thu)
Morning: round in ward 5A (TTSH)

With medical officers and student from Hong Kong

3. Department of Infection Diseases

ward work

Every day, I spent my morning for looking around patient and talked about them with my group. In CDC, there were 4~5 people in a group, one consultant, one regidtrar and two or three Medical officer. After working as a resident for one year, they work as a Medical officer for 2 year in Singapore. So many Medical officers study Infectious diseases for three month. Every morning, Medical officer examined patients firstly and then they told what the patient to their consult and registrar. And then they discussed the problems of their patients and chose the course. In the wards I saw so many patients with HIV and PCP or TB, typhoid, dengue fever vivax malaria , and so on. Sometimes, doctor told me to ask a patient about his symptom and examine him. And then, I told them what the patient was and I was asked by them how to treat them. Maybe in Japan, there is little chance to see diseases that I saw in the ward, it was so hard to so. I was surprised at two things in the ward. One thing was that no one was dressed in white gown and put on a tie. Because we don't wash our white gown and tie, there is so much risk to transport pathogen from a patient to another patient. Another thing was that the time doctors have to be in ward was so short time, from 8:00 to 10:30 and from 4:00 to 5:00. After the time, they wrote patients case records, read textbooks, talk together and go "Star Backs Coffee" to get a rest!! So I think the working conditions in Singapore is so much better than that of Japan.

SOC

SOC is an abbreviation for "special outpatient clinic", and special outpatient means a patient with HIV positive. There are not so much people with HIV positive in Singapore, almost all of them come to CDC. Only in Japan and Singapore, the number of

patients with HIV positive is increasing in developing country, doctor said.

Doctor said the biggest reason why they get HIV is to go to Thailand, Malaysia, Vietnam to sex with "CSW, commercial sex worker", and second biggest reason is "MSM, man sex with man".

Travel clinic

In TTSH, there is a department of travel clinic as a private clinic. In travel clinic, I joined Dr. Lim Pho Lim`s clinic. The main job

Travel clinic in TTSH

in travel clinic is to recommend which vaccine should take before going abroad and vaccinated. In the clinic, I met a woman going to Kenya, a family going to China, students going to Cambodia. She recommend to woman going to Kenya to get vaccine of Yellow fever, hepatitis A , Polio, Tetanus, Typhoid, to family going to China, Hapatitis A, Japanese encephalitis, typhoid, ful, and to students going to Cambodia, Hapatitis A, Typhoid, and taking doxycycline to prevent from Malaria.

OPAT

OPAT is an abbreviation for "out patients for antibiotic therapy". The patient whose condition is stable and there is little risk of infectiousness, they can go back home and come to hospital to get intravascular antibiotics every day. Because being hospitalized takes too much cost for patients and country, There were so much outpatients, nurses check the patients and told the doctor how patients was. Doctor examined patients only once a week, checking the patients getting better or not, and side effect of antibiotics.

Patients who came OPAT were almost who had osteomyelitis. Nowadays many buildings was under construction in Singapore and many foreign worker were working there. When they get some injury, they don't go to hospital till it get worse, so many foreign worker get osteomyelitis doctor said.

I think it is good system for doctor and patient. Because doctor can decrease their work and patient can go back home and go working. It takes one hour to get antibiotics, so they can come to hospital morning or during lunch or after working.

4. Daily Life

With my supervisor

I stayed at the students` dormitory of National University Singapore. It took about one hour from my dormitory to CDC, I had to left my room before 7:00 at morning. I went to CDC by bus and train. Singapore is urban city, train come every 5 minute. Every day my schedule finished after six or more late, there was no time to see the sights after school. After go back from school, I took dinner in food court of NUS with my friends from China or Japan. In food court, there were so many kind of food like Chinese, Indian, Malasian, Indonesian and so on. I got Chinese food almost every day. In weekend my friend invite me dinner and interesting place. On Sunday my Chinese friend invited me the church to join the mass. Before going there, I think that a clergyman tell us some gracious words calmly in church.

With Chinese students

Bud actually it was like a concert of pop group, many people sang and danced. My friend said mass of Singapore was modern.

Another day, I went to city with exchange students from Kyoto university and Waseda university. There were a few students from Japan in NUS, they kept in close contact, my friend gathered Japanese students. At that time I can speak Japanese , I felt quite relieved.

5. Conclusion

Though this program, I could learn so much thing. I could learn not only medical knowledge but also English and culture and medical system. I want to make this wonderful experience effective in my life. I hope many junior students get interest in this program and join it and experience it.

I would like to express my appreciation to everybody concerned with this program. Thank you.

■ Exchange Program 2010 ■

National University of Singapore Singapore

Different Country, Different Culture, Different Disease

Hideki Tokuoka (0573556M)

Singapore is one of the most developed country in Asia, along with Japan, Taiwan, Hong Kong and Korea. The public languages are basically English and Chinese, which are used by more than 2 billion people in the world. So, many people from various countries come to Singapore and make businesses like Jim Rogers, one of the most famous investor in the business world. Wherever various people gather, technologies develop.

This thing is true for medical technologies. Clinical level in Singapore is higher than other

around country. Many doctors and students not only from Asian countries like Thai, Indonesia and Malaysia but also from Western countries such as U.S., Canada, Ireland, England, Australia come there to study and work. I joined these international teams and studied medicine for four weeks. So, I would like to introduce part of my experience in Singapore.

In the first day, I went to an office in National University of Singapore and attended a brief meeting about points to notice in clinical clerkship. In this guidance, six students from four countries including Germany attended and gave self-introduction each other. I was very surprised so many students from various countries come to study medicine. This meeting is likely to be held every week.

After first meeting, we went to each hospital to join. There are five or six major hospitals to join clinical clerkship in Singapore, such as Singapore General Hospital, National University Hospital and Tang Tock Seng Hospital. I went to Tang Tock Seng Hospital (TTSH) to study infectious disease (ID). In the ID department, more than twenty HIV patients and few dengue patients were hospitalized. This was the first time to see dengue patients, so I asked doctors about the way to assess them. They said that the number of platelet and clinical progression are important to administrate them. I sometimes took a medical history and physical examination in the ward. At first, I was very anxious to make myself understood to the patients, but they comprehended and answered to my question without difficulty. I think they are used to listening accented English because most Singaporean speaks two or three languages, for example, English, Northern Chinese (Mandarin) and Malay. I was very surprised when I saw a doctor speaking five languages! He is Pentalingual! But I heard multilingual is normal in Singapore.

On the contrary, I was sometimes confused about heavy-accented English called “Singlish” and language-mixed conversation. For example, a senior doctor and a patient speaks with English. But ten second after, it changes to Chinese conversation. Though I learned Chinese a little when I was freshman, I did not sometimes notice it.

I was also confused about cultural difference in medicine. Especially, the unit of laboratory test is different from Japan. For example, we usually use “mg/dl” for the unit of CRP in Japan, but they use “mg/l” for it in Singapore. So when I saw a patient whose CRP was “21.0”, I thought it was terrible, but senior doctor said, “This is not so large issue.” This value means “2.1 mg/dl” in Japan.

Compared to Japanese doctors, Singaporean doctors and medical students tend to take detailed physical examination. For example, when I go the rounds with NUS medical students, they took much time to listen heart murmur changing patients’ posture. I have not seen such scene in Japanese medical school. They said they learn physical examination thoroughly before clinical clerkship.

On the other hands, they are not good at image diagnosis especially CT and MR compared to Japanese students. I think this is because there are amount of CT and MR machines in Japan. I have heard that half of CT machines in the world are in Japan.

In the ID wards, I saw many HIV patients with various complications such as Kaposi’s sarcoma, PCP and tuberculosis. I saw only HIV encephalopathy in Japan, I leaned many things about HIV treatment and complication. For

example, when we use sulfamethoxazole and trimeptom (Bactrim®) for Pneumocystis carinii pneumonia (PCP), we sometimes check Glucose-6-phosphate Dehydrogenase (G6PD) deficiency (von Gierke disease) because patients who have G6PD deficiency have a risk to occur hemolytic anemia. Southeast Asian tend to have G6PD deficiency, so they always check G6PD deficiency whenever using Bactrim®.

Singapore and Japan are only few developed countries increasing number of HIV patients. So I had thought Singaporean do not mind sexual transmitted disease. But as far as I saw the wards, these patients are almost foreign "blue workers" from around countries. They are likely to get HIV in their countries and it develops to AIDS in Singapore. In fact, Singapore government strongly concerns about public health. For example, there was large grass in Singapore city including near my dormitory. But it was cut once a week preventing dengue fever and malaria. For commercial sex workers working in government's official brothels, the government obliged them blood test checking sexual transmitting diseases once for two weeks. I think Japan also needs such strong law and programs to control public health.

After two weeks clinical clerkship in ID department, I went to Singapore National Eye Centre (SNEC) to learn ophthalmology. SNEC located in Singapore General Hospital (SGH), the largest hospital in Singapore. SNEC has five special clinics and more than fifty ophthalmologists. I joined mainly cornea and refraction group, and I saw clinical examination and operations.

Health insurance system in Singapore is divided to two different types. One is a public health insurance strongly subsidized by the government. This system is very similar to that in Japan and almost eighty percent of patients use it. The other one is private patients who pay all medical fee. Medical students can interview and examine only subsidized patient because private patients choose doctors. I really felt the difference in health insurance system.

Singapore locates near the equator, so common diseases are different from Japanese ones. For example, pterygium is a disease that conjunctiva invades to cornea and sometimes result in loss of vision. This disease is said that if he or she is radiated with ultraviolet, occurrence rate increases. Actually, pterygium tends to occur in tropical and subtropical zone like Okinawa in Japan. I have never seen it in my clinical clerkship in Japan, but I saw it many times in Singapore. In other words, pterygium is a common eye disease in Singapore. On the contrary, Japanese tend to have normal pressure glaucoma. Recently, more than ninety percent of open angle glaucoma in Japan has been normal pressure glaucoma. But as far as Singaporean doctors said, it is less than twenty percent in Singapore. So I thought common diseases are completely different in several countries, and we must be careful about ethnicity and environment when we see foreign patients.

However, ophthalmology is highly specialized specialty, so almost all diagnostic skills and surgical procedures were same in Japan. Of course, I found Japanese operation was sometimes superior to Singaporean one.

As a whole, my one month clinical experience in Singapore was very exciting and amazing. I recognized difference and sameness in mutual culture, diseases and system again. I think studying abroad is good thing because they can

see my country relatively. I felt Japanese medical system and medical culture was only one of subtypes, and we do not have to see it as an absolute one. We should rather think that there are any points which we should change in my culture or not. I hope my juniors to go abroad, feel many differences and sameness between two countries and think about Japanese medical system again.

■ Exchange Program 2010 ■

Study Tour in Boston

Masanori Tsubosaka (0513554M)

We (Mr. Hashimoto, Mr. Kuramoto, Ms. Yamaguchi and I) went to Boston to study from 9/27 to 10/3.

First, these are the pictures when we visited Tufts Medical Center. The left picture is the external appearance, and the right one is the library. We are so surprised that both are very stylish and beautiful.

Tufts Medical Center (upper, external appearance; lower, library)

This is the picture of the lecture on American health system by Dr. Maki Kamae who works in Tufts Medical Center. As you know, there isn't universal healthcare system in the USA. American healthcare system has private insurance and public insurance, and public insurance can be grouped into Medicare and Medicaid. Medicare is for the people who are >65 years and physically handicapped. Medicaid is for the pauper. America has two problems. First, there are people who have no insurance. Second, it is the burgeoning medical expenses,which is also the problem we have in Japan.

The lecture provided by Dr. Maki Kamae

This is the picture we took with Dr.Josh Cohen. President Obama appealed, when he was elected the president of the United States in the previous election, that we should put more money into preventive medicine as a policy to reduce medical costs. He said, by preventing certain diseases, we can save the cost for treatment of these diseases. This sounds good, but is it true that the cost of prevention is lower than that for treatment? Dr. Josh Cohen studied the statistics and verified the fact that there isn't statistically significant difference. Please read, "Does Preventive Care Save Money?" in New England Journal of Medicine if you are interested in his study.

Next picture is Harvard Medical Center. This building is built in a huge place and the view is very beautiful. Many hospitals and research institutes are constructed in the concentrated area and function well together in this area. We had the lecture about life science from Dr. Janes Butler who works in Harvard Public Health Graduate College in this center. We learned again the importance of thinking all the time. At the end of the class, we asked him what Science is. He answered it is "Wonder". This word is very impressive for me and we had a very valuable experience.

Next pictures are with Dr. Seto who has studied children's heart transplant at Boston Children's Hospital. He told us that not only ability but also timing is crucial in getting a chance to work in a foreign country. Then he took us to his laboratory and the hospital ward.

Boston Children's Hospital (upper, outside appearance; lower, Dr. Seto)

appearance; lower, the lecture provided by Dr. Janes Bulter

Next are the pictures when we visited Massachusetts General Hospital. We were taught about CONSORT from Dr. Isao Kamae here. CONSORT is "Consolidated Standards of Reporting Trials". This is how to write a paper when a clinical research is done. I think the knowledge will help you read a paper. Please read "The Revised CONSORT Statement for Reporting Randomized Trials: Explanation and Elaboration" in Annals of Internal Medicine.

Boston is one of the most academic cities in the world because there are many famous universities. I want to work in such a city. Finally, we express our appreciation to Dr. Isao Kamae's family for their wonderful care they have so kindly given to us.

Thank you very much.

■ Exchange Program 2010 ■

Tufts Medical Center and Harvard School of Public Health (Sep 27-Oct 3, 2010)

Okito Hashimoto

1. Introduction

Harvard University, of course, is as everybody knows the best university in the world. When I knew this program, I decided to apply for it because of the name, 'Harvard'. Furthermore, the program was focused on the medical statistics, which I am interested in since I would be a researcher in a medical field.

Statistics is apt to be kept away from medical students, even doctors, maybe because it is difficult and intricate for us. Needless to say, statistics is crucial for both clinical and basic science. So it was a big chance for me to study it deeply.

With a big expectation, I left for Boston on 26th September with Masanori Tubosaka, Naoki Kuramoto, Eriko Yamaguchi and Mrs. Kamae.

2. Tufts Medical Center

When we arrived at the Boston airport, Dr. Maki Kamae, a daughter of Prof. Isao Kamae, picked us up in spite of the late arrival at 11:00 p.m. This was the start of her hospitality. Next morning, Dr. Maki Kamae brought us to the Tufts Medical Center where she was working.

Although we were given a textbook about the medical statistics, we were not familiar with it. First, Dr. Kamae taught us the basic medical statistics in her laboratory and then her co-workers told us about their research.

To tell the truth, I couldn't understand almost a half of lectures…Even if I heard them in Japanese, I couldn't get them. However, I could feel their passion and pride about their own researches.

The lecture provided by Prof. Kamae

3. Harvard School of Public Health

After we visited many institutions with Dr. Kamae, which involved world-famous ones, we met Prof. Kamae having just arrived from Shanghai where he participated in an international conference about the medical statistics. He taught us about CONSORT (Consolidated Standards of Reporting Trials), which was the critical standard in clinical researches we were hardly taught in Japanese medical schools. After his lectures, we finally went to the Harvard School of Public Health, and took a lecture from Prof. James Butler, a senior lecturer on Physiology.

His lecture did focus on not only public health but also general science. He taught us that having a question is the most important work in science. At the final of the lecture, I asked him what the science was for him. He answered in no time. ' It's Wonder '.

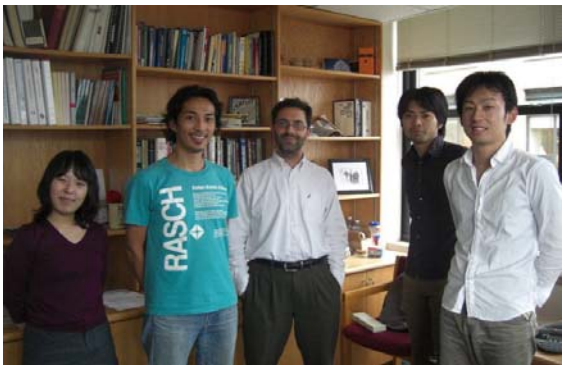


Photo with Dr. Josh Cohen

Fenway Park, America's Most Beloved Ballpark

4. Activities in Boston

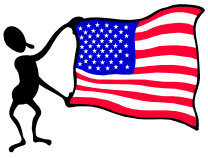
The baseball team of Boston is very famous even in Japan, as Daisuke Matsuzaka is playing there. Of course, we went to watch a game, and fortunately we could see Matsuzaka playing at the game. One more famous thing of Boston is the Boston Philharmonic Orchestra where Seiji Ozawa is a director. Dr. Kamae got tickets for us and we could go to see the orchestra with Prof. Kamae and Mrs. Kamae.

At the final day, Dr. Kamae's family invited us to their house and held a farewell party. We

sincerely felt their hospitality.

5. Conclusion

Through this program, I could learn basis of science as well as medical statistics. In Japanese medical school, both medical statistics and basic science is not mainly conducted. As it is well known, clinical medicine is composed of a pile of results in basic science and medical science. I felt a big difference of approach to their fields between American medical school and Japanese medical school. It might make a big difference in advancement in medical fields. It is not easy to change the current system in Japan. But I think it could be changed gradually, if not only by the government but also by all those people who have a concern about it. So, I would like to contribute to the challenge in my future with putting this experience into an account.



6. Acknowledgements

I would like to express my appreciation to Professor Isao Kamae, his family, Assistant Professor Yuichi Hori and Professor Hiroshi Yokozaki, for giving me an opportunity to take part in this program. I would like to thank Ms. Kuniko Miwa and all staffs involved with this program for their help. Lastly, I sincerely appreciate my family for their big support.

■ Exchange Program 2010 ■

Overseas Training in Boston

—Harvard University, Tufts University—

Eriko Yamaguchi

1. Introduction

From September 27th to October 3th, I took part of the overseas training in Boston with 3 classmates. Although CRESP program has finished this year, Prof.Kamae coordinated our overseas training personally. In this program, we visited to many hospitals and laboratories in Longwood medical area and Tufts medical area, and got lectured by worldwide researchers in Boston. We could learn leading-edge medical care and research in the

Date	Schedule
Sep.28th	Training at the CEVR(Dr.Maki Kamae) Lecture(James Chambers, MPharm, MSc) Lecture(Josh Cohen, PhD)
Sep.29th	Facility tour in Boston Children's Hospital(Dr.Seto) Tour in Longwood medical area
Sep.30th	Tour in CTRC
Oct.1st	Meeting(Dr.Isao Kamae) Research meeting at Tufts medical center(Prof.Isao Kamae) Tour in Harvard School of Public Health(Prof.James Butler)
Oct.2nd	Study session about CONSORT(Prof.Kamae) Tour in Harvard University
Oct.3rd	Home party with Prof.Kamae's family

world. I'd like to introduce what I've learned through this program.

2. Schedule (See table)

3. Lectures

In this program, we got lectured on healthcare system and clinical research by some researchers. Every researcher was kind enough to spare his valuable time to give us a lecture. The researchers gave us lectures on "cost-effective medical care", "healthcare system(Medicare, Medicaid)", "CONSORT" …etc. We had little chance to learn about healthcare system or clinical research in Japan, so it came to be an excellent opportunity to learn about them.

4. Tour in Longwood medical area

In Longwood medical area, there are many nation's top hospitals and laboratories such as "Brigham and Women's Hospital", "Children's Hospital", and "Dana-Farber Cancer Institute". With Dr. Kamae as a guide, we looked around this medical area. In Chirdren's Hospital, Dr.Seto, a Japanese researcher, showed us around his laboratory and gave an interesting talk about his research life in Boston. I was very impressed with fully-equipped environment that researchers can concentrate on their works. We realized the differences in research environment between Japan and the US.

5. Culture

In this stay, we visited many cultural spots in Boston. We went to the Boston Museum and the Isabella Stewart Gardner Museum to appreciate art, and enjoyed classical music at the Symphony Hall. Last day, we went to Fenway Park to watch a baseball game between the Boston Red Sox and the New York Yankees. We enjoyed learning something about the culture of Boston.

6. Conclusion

In this program, I learned the differences in healthcare system and clinical research between Japan and the US. In clinical research, Japan falls far behind the US. Most doctors have little interest in clinical research, and medical students have little chance to learn about the basis of clinical research. I think widespread understanding of clinical research will become more and more necessary for further advancement in medicine in Japan. As for healthcare system, however, Japan has an established universal healthcare system, and anyone can access to quality healthcare at a low price, in contrast to health disparity in the US. Through this program, I've reaffirmed the importance of Japanese universal healthcare system. Thus, Japan and the US have a lot of things to learn from each other in medical care. This program became a very good chance to re-acknowledge the strong and weak points in Japanese medical care.

With Professor Kamae's family

Finally, I would like to thank Prof. Kamae, Dr.Kamae, and their wonderful family for

spending much time and effort for this program. I also thank Ms.Yamamoto and Ms.Miwa for giving us a lot of valuable advice. I'm grateful to everyone for giving us this excellent opportunity.