



平成 23 年度
医学科学学生海外派遣報告書
神戸大学医学部医学科

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**KK Women's and Children's Hospital and
National University Hospital of
National University of Singapore
Singapore
(April 4th ~ May 13th, 2011)
Mami Hasuo**

I studied in Singapore from 4/4/2011 to 13/5/2011, on an elective programme of NUS. I had great experiences there and I appreciate the support from everyone who helped me.

Singapore

Singapore is one of the most unique countries in the world. It's a tiny country (the same size as Awajishima), although obviously it's one of the leading countries in Asia, with its strong economy. You can see lots of tall buildings in the central areas, and amazingly changing scenes everywhere because of the newly-built ones. They also have a really interesting culture mixed with the cultures of mainly Chinese, Indian, Malay people. They speak a kind of English known as Singlish, which is mixed with Hokkien, Malay, and Tamil, spoke in a rapid, staccato fashion. Sometimes it



sounds really difficult to understand even for American or British people!! The food there is of course great and various, you can enjoy many kinds of Asian food (sometimes you can find mixed ones) at 3-5 S\$ in Hawker Centres(local stalls). There are some unique ethnic areas in Singapore such as China Town, Little India, Arab Street, each of them has its own temple, atmosphere, and population. The most shocking fact in Singapore to me was 30 % of people living in Singapore are not Singaporeans. Many people from other countries come and go there, making things more complicated and interesting.

KKH Paediatrics 4/4/2011-29/4/201

The first 4 weeks, I rotated Paediatrics in KK Women's and Children's Hospital, following Prof. Phua Kong Boo. This is a huge women's and children's hospital, which has 830 beds and dealing with any kind of children's diseases from common cold to cancer. I was basically attached to Ward 62 where children with relatively common diseases are admitted, but I could go and see patients at the other wards if I wanted. To learn there I had some difficulties, because many things were different from my home hospital. Of course the most different thing was language. If you are lucky, people will talk to you in English or





Singlish, though some people will talk to you in Chinese, Malay, or Tamil otherwise. Even if it was in English, It was so difficult to understand doctors discussing with many technical words or badly scribbled clinical notes with many abbreviations. Local medical students seemed so mature to me because even the junior students already knew how to approach patients. They start clinical clerkship at 3rd grade. They go to see patients by themselves and examine very precisely, then start discussing their conditions among students. Doctors there didn't take good care of students basically. Students there freely go to patients, and learn from them. They had different systems, requirements, rules there as well. Because of these things, I didn't think I could learn the same way as local students, then I managed to learn my own way trying to learn as much as possible.

Every morning I followed the round at my ward (and sometimes at the other ward) to know if there were cases who I was interested in, and after that, I went to patients to take history and examine them by myself or with other students. Then I would check their clinical notes and study. At my ward (with around 30 beds), I could see many kids with gastroenteritis, bronchiolitis, bronchitis, pneumonia, asthma(including suspective ones), sometimes Kawasaki disease. When I got bored, I went to the other ward and saw kids with severer conditions like recurrent aspiratory pneumonia with West syndrome, or perforation following a long history of Crohn disease.

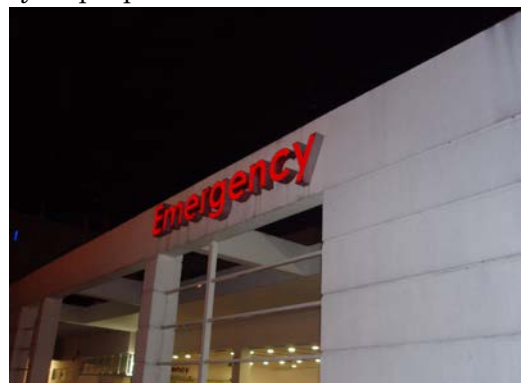
Around 2 pm I would go to clinics. I really enjoyed clinics, they were very exciting. At Enterogastro clinic, I saw many kids presenting abdominal pain, vomiting, diarrhea, constipation, jaundice, developmental delay etc. I examined almost all the



kids' tummies who came there. At Cardio clinic, I heard the heart sounds of 4-5 kids hourly. At Neuro clinic, I saw a fit of seizure for the first time in my life, and learned ketogenic diet therapy for many types of diseases especially for refractory epilepsy.

NUH Emergency 2/5/2011-13/5/2011

In Emergency of National University Hospital, medical students had 3 types of shifts, the morning shift(8:30 am-17:00 pm), the afternoon shift(17:00 pm-22:00 pm), and the night shift(22:00 pm- 8:00 am).We got the schedule from the office and followed it. Here I saw many common cases with complaints such as chest pain, shortness of breath, collapse, syncope, acute generalized weakness, headache, trauma followed by compartment syndrome, and etc. I also observed some procedures such as needle decompression for pneumothorax, or reduction of dislocation. Doctors gave us some lectures on these cases. Sometimes I followed a doctor and tried to take blood or put cannula, but basically here also I went to patients and asked some questions, and examined them by myself. In Emergency, many of patients were older people with heart problem, and they tended to speak their own language. Local students helped me translating them. There came in many people with diabetic mellitus,





hypertension, hyperlipidemia, and heart problem at the same time as you can see the same thing is happening in Japan as well.

Weekends

Not all the weekends, but mostly I went out with other elective medical students from other countries. We tried famous local foods at stalls (called Hawker Centre), tourist places like Bird Park, Night Safari, ethnic areas, Marina Bay, etc, and took a short trip to an island named Pulau Ubin, went to Istana, which is the official residence and office of the President of Singapore, that allows people to get inside just a few days a year (of course we did!!). Sometimes I spent my time at a café. In Singapore, each MRT station has mega shopping malls, which made it easy to find some places to do shopping, or just sit back and relax.

Conclusion

In Singapore, I saw many patients. Compared to the rotation in Japan, students there got incredibly many more opportunities to approach patients directly during their postings. I also talked to, saw, heard, felt so many patients and learned from them with their kind cooperation during on this programme. Especially in Paediatrics, I

learned how to avoid making patients cry while examining by trying many times, and also knew how difficult examination falls once I fail. In Emergency, I found it difficult to assess patients with many problems. Patients with neuro problems wouldn't follow instructions easily. I hardly heard the murmur when patients were with obesity even if they told me they do have heart problem.

In Japan, I tended to just follow doctors, but there, I had to move and think by myself what to ask, how to examine, what could be causing their symptoms. I found it a very exciting way to learn, on the other hand, I thought it was not always a good way. Local students were allowed to freely go to patients (alone, or as a big group), and discuss everything before patients, sometimes even the possibility of getting sued or the conditions of the other patients with many technical words. They never hesitated to take photos of patients with their iPhones, if they got some interesting findings. They, especially senior students, willingly teach each other, or junior students, which I thought great, although I also wondered students would have got better knowledge if doctors had taught, while students could sometimes be sharing rather incorrect things aloud before patients. During staying in Singapore, I talked to many patients, doctors, local students, other local people, and medical students from other countries. I enjoyed sharing our thoughts and medical students from other countries. I enjoyed sharing our thoughts and made good friends with them. I also saw, ate, and felt many aspects of Singapore, and enjoyed everything. I really appreciate this opportunity to learn there. Lastly, I want to send a big thank-you message to everyone. Thank you so much!!!



The Clinical Clerkship Report in Singapore
Posting date 25/4/11~6/5/11
Sawako Kaku



Life in Singapore

Foods: Since Singapore is a multiracial nation and Singaporean loves eating, there are many kinds of foods around Singapore. We could find many Chinese, Western, Indian, Malay, and Japanese restaurant and we have a lot of choice. However, restaurants are generally expensive. So we usually had lunch or dinner in Hawker. Hawker is a group of stall and we can eat many delicious local foods very cheaply.

Dormitory: The dormitory locates near the National University Hospital (NUS). Thus, the students who has posting in NUS are easy to go their workplace. However, I had to get up so early because I had posting in Tang Tock Seng Hospital and Singapore General Hospital and each of them located far from NUS.

Exchange with students from other country

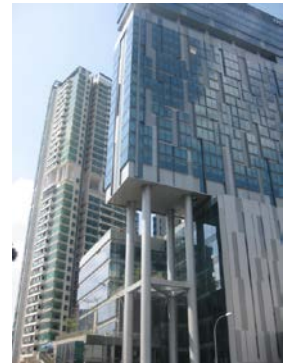
Unfortunately, April was the season for exams in Singapore medical school and only few students were in their clinical clerkship. So I had few chances to exchange with Singaporean medical students. However, there were many foreign medical students. They were from UK, China, Taiwan, Malaysia, India, Hong-Kong, and German. It was very interesting for me to talk and find both similarities and difference between them and us as medical students. Some of them were very enthusiastic for not only medicine but also discussing about the difference between Singapore and their own country. I was often



overwhelmed and got the motivation from them.

Posting at Infectious Disease in Tang Tock Seng Hospital

I had my first posting at Infectious Disease (ID) in Tang Tock Seng Hospital. Tang Tock Seng Hospital is one of the most famous hospitals in Singapore. Needless to say that they have a lot of institutions and employees, they evaluate the best performed staff of the year and used them in the advertisement of hospital. Compared with Japanese ID, There are a lot of female doctors. ID in Tang Tock Seng Hospital has four professors and three of them were female. According to one female Dr, ID is suitable for women because there is few call and Drs can get home on time.



The work of ID consists of clinical work, ward work, and consultation. Every afternoon ID Drs walk around the hospital to see patients consulted from other department like cardiothoracic surgery. I attended the round in the ward every morning and usually followed consultant in afternoon. I also observed the HIV clinic, OPAT (Out Patient with Antibiotic Therapy) clinic, and travel clinic.

Infectious disease had independent wards. Formerly, they were sanatorium for TB patients and now each of them accommodate patients who have specific infectious disease like Tuberculosis, SARS, and AIDS. On the first week, I had rounds in ward 71, for HIV patients. I could experienced many novel cases such as CMV opthalmia, PCP, HIV related dementia, and some dengue fever. In

social sides, Singapore government has very strict attitude. The foreigner who is HIV positive is refused their immigration and Government has no help for patients. It was impressive that there was a laboratory for HIV patients to earn their high medical expenses.

Since there were many patients whose symptom is very complicated, I often got a loss. However, the principle of medical treatment in ID is same both Japan and Singapore. It is “Which organ is infected, which bacteria cause infection, which antibiotics is effective.”

Posting at Family Medicine and Continuing Care in Singapore General Hospital

I had the second posting at Family Medicine and Continuing Care in Singapore General Hospital (SGH). SGH is a huge hospital under the direct control of ministry of health. According to the Professor, the concept of Family Medicine is still new in Singapore as Japan and they are seeking how adopt Family Medicine in Singapore. Their work is separated in three sections, Medical Checkup Clinic, visiting in Community Hospital, Home care, and ward.



Medical Checkup Clinic covers all kinds of screening so I could experience some gynecologic screening like Pap smear and follow up of breast cancer.

Community hospital is the hospital set up an annex to the nursing home and it was for very poor people. All of them have backup from Christian or Buddhism.

Through this posting, I became to care about not only medical problem in one patient but also social problem of both patients and the structure of society. Compared with the



Singaporean one, Japanese insurance system has advantage in the point that we can receive medical service regardless our income.

Singaporean insurance system is progressive taxation as well as Japanese income tax. Though I was personally interested in the weakness and outlook of Japanese health insurance system, I noticed that I didn't know how wonderful it is and realized that we must seek the way that we go on this wonderful system.

I wish, finally, to thank you all who support my stay in Singapore.

Selective Student Report Kobe University of Medicine Yukiko Nakamura 4 /4 /2011 – 29 /4 /2011

Introduction

Last year Kobe University of Medicine recruited selected students for university in Malaysia (IMU), Thailand, Singapore, USA, Korea and Australia. I made up my mind to apply for IMU, because I was interested in studying abroad and wanted to learn about Malaysia, which was an unfamiliar country for me.

What I did in IMU

- Ward work with members in Semester 7
- Attending lectures
- Visiting hospital in Tampin
- Visiting hospital in Port Dickson
- Visiting patients' house with nurses
- Methazon clinic
- Visiting Community of drug abuse patients
- Presentation about Morita therapy

Every activity was new and meaningful for me, but the most impressive was that I made a presentation about Morita therapy. I knew little about this therapy and it was my first time to present a speech in English, so actually I was very nervous at first. However,



In methazon clinic



Seminar

eventually, I think it was rather successful and I felt happy most students were interested in both Morita therapy and Japan. I appreciate that Dr. Shane kindly encouraged me to introduce it to them.

Also observing a lot of drug patients was interesting experience. Especially methazon clinic was impressive because in Japan we don't adopt methazon treatment.

The impressions of IMU hospital wards

At first, I felt that patients' privacy should be protected more. In Japan, four - six of patients share a room and we have compartments between beds and no windows in the ward. In case of IMU hospital, basically they all have to stay in one big room and anyone can overhear conversations between doctors and patients. Also it was very shocking for me that students see patients' medical records in front of them as in our university hospital it is never permitted to bring patients cards out from nurse station. Personally I thought the concept of privacy is quite different.

Still, total impression of the wards was pretty good because in female ward sunlight comes into room through skylights. Compared to Kobe University hospital, IMU psychiatric ward was brighter and more pleasant and nurses seemed communicate with patients better than Japanese nurses. Also students are allowed to contact with lots of patients, though in my university hospital basically we can talk with only one patient in charge.

I can't see whether such differences come from our cultural background or hospitals' policy itself but I enjoyed finding them and it was priceless experiences for me.

The impressions of IMU education

Both doctors and students seemed eager. Students speak a lot and doctors give us

practical and useful information in Seminar and as in Japan we rarely have such kind of interactive lectures, it was some kind of culture shock for me. I think the style of education is much better than the one in my university. Personally I was sorry I sometimes couldn't understand what they were talking because my English skill was not enough, however, most classes were interesting for me and I was raised motivation to study both psychiatry and English.

The impressions of IMU students

Basically IMU students seemed cheerful and highly motivated. For me it was so surprising that they came to talk with patients spontaneously. In our university, some students hesitate to communicate with patients, but IMU students were



with Dr. Philip

more positive and active. Also, through seminars and ward works, they seemed to be more advanced than the Japanese students in learning practical skills and knowledge.

However, IMU students seemed to have fewer opportunities to visit other places. When I told some students that I went to the methazon clinic, they said they wanted to go too. I think they are recommended to visit the methazon clinic or drug abuse patients' community like I did. I thought they would be more motivated if they were allowed to



with Semester 7 students

experience other activities because some of them were so enthusiastic about their studies.

Conclusion

This fruitful experience including studying medicine, touching the different culture and communicating with many people changed my sense of value a lot. I appreciate for giving me such precious opportunity to Dr. Shirakawa, Ms. Miwa, Dr. Philip, Dr. Param, Dr. Shane, all the doctors and staff in both Kobe University of Medicine and IMU, and the members in Semester 7, from the bottom of my heart. I am going to tell as many students and doctors as possible about this posting in Japan.

**Hospital Tuanku Jafa'ar,
International Medical University
Malaysia
April 5 - April 29, 2011
Tomoka Nomura**

1. Introduction

From April 4 to April 29, I did my elective in International Medical University (IMU) in Malaysia. First of all, I would like to thank all program. I had precious experiences in IMU, even though four weeks were quite short for me. The aims I set before going to Malaysia were following ones; to study medical English, to know the difference of the way of clinical studying between Malaysia and Japan, and to study diseases specific to Malaysia or southeast Asia. I think I could attain these aims to some extent, and learned more than I expected. I chose internal medicine and pediatrics as my elective postings each for two



weeks. Throughout four weeks, I studied with students in semester 9. Malaysian medical course is five years, and semester 9 corresponds to the first half of their last year.

2. Internal Medicine

There are four wards for internal diseases in the hospital, and each of them is covered by three or four students. And so the number of patients one student have at a time come to more than ten. Although Malaysian national language is Malay, there are many people who speak Chinese or Tamil instead of Malay because Malaysia is a multiethnic country. Consequently, this is one of the most surprising things for me, students change the languages depend on each patients.

Inpatients had various diseases, and most of them were relatively common diseases such as cancers, brain strokes, AMI or heart failure etc. It was nice that I could study concrete management of such common diseases by the bedside, because I often had rarer cases in university's hospital in Japan.

Students in IMU have very good skill of examination. Everyday they visit all the



LEFT: The pediatric ward of Hospital Tuanku Jafa'ar. In Malaysian governmental hospitals, usually there are no small rooms in the wards and all the patients are staying together in one big room.



RIGHT: View from the hospital.

patients they have, talk with them, examine them, and figure out everything about the patients. I felt that in Malaysia, students could examine the patients more freely than in Japan, because many patients considered the students as doctors. Usually I went to the ward with some of the students and examined patients referring to explanation from the students or sometimes medical records. Although most patients didn't speak English, I never felt it inconvenient because the students translated what the patients spoke for me.

The students are also good at doing presentation because there are many opportunities to present in front of the specialists. While we had case presentation, all of them discussed and exchanged their opinions each other so actively. I thought this was one of most different points from us Japanese students.

There is one thing impressed me strongly. A patient who had tuberculosis was admitted in a ward without isolation. I was astonished by it and asked some students why he was in the same room with other patients. Their answer was that there was not enough facilities in many governmental hospitals, so they had no alternative even though they knew the importance of isolating TB patients.

3. Pediatrics

The latter half of my elective, I studied pediatrics. Daily tasks were similar to what I did in internal medicine posting, and usually I went to the ward with my friends and examine patients, joined the specialists round, and had case presentations or TBL classes.

Unfortunately, students in semester 9 had clinical examination and had to study hard in

my first week of pediatrics, so I couldn't have enough time to study by bedside with them. Instead of it, sometimes I could joined the class of semester 7. Although they are junior to me, they were used to doing presentations, and remarked their opinions positively without being afraid of making mistakes. I felt keenly that I have to do as they do.

Every Thursday afternoon, we had ground round, which all students in semester 7 and 9 who are in pediatrics posting took part in. In this class, some students in semester 9 had case presentation in front of the doctors, their classmates, and their juniors. Because we rarely have opportunities to have such classes in Japan, it was really fresh and interesting for me. It seemed be a good lesson that teaching their juniors.

Children in the pediatric ward also had various diseases, for example asthma, pneumonia, febrile seizure, acute gastroenteritis and so on. What was most different from Japan was that there were many patients of dengue fever. Students knows about diagnosis or management of it very well, and told me that dengue fever is very common children's infectious disease in Malaysia.

4. Daily Life

accommodation: Ms. Nakamura and I each rented a room in a house near IMU clinical school and stayed there with the house owner and her family. It was located in a quiet residential area, and it took only fifteen minutes to walk to the university. The rooms was fully furnished and comfortable, and we could use wireless Internet.



LEFT: Dinner at a chinese restaurant with our friends.



RIGHT: At JASCO in Seremban.



LEFT: In front of the PETRONAS Twin Towers in Kuala Lumpur.
RIGHT: St. Francis Xavier Church in Melaka.



weekdays: I didn't know it until when I went there, but all the students in IMU always talk to each other in English, even in their free time. And students are required to dress properly and decently as befit future health-care professionals. All the male students wear a tie and formal shoes, and most of female students wear blouse with knee-length skirt or long pants. I felt the dress code in medical universities in Malaysia was much more strict than in Japan. All of students were so friendly and kind to me that I had nothing to worry during my elective. They offered to help me whenever I had a trouble, for example when I was in poor health, and when I couldn't catch up with our classes. Many students had their own cars, and some of my friends drove me home almost all the day even though it was not so far from the university to the house. At the lunch time, we could use a canteen in the university. The dishes served there were quite spicy but nice, and very cheap (RM4 = about 120yen). As to dinner, I usually cooked by myself, but sometimes my friends took me out for dinner.

weekends:

Seremban is not very large city, but it lies south to Kuala Lumpur and it takes only one hour to drive there. On weekends, my friends often took me there for one day trip, and we enjoyed shopping, eating Malaysian foods, and

sightseeing. In addition, I went Melaka twice, the famous city which has a lot of Malaysian cultural heritages. It is said that visit "Melaka means visit Malaysia" because there we can learn about Malaysian culture and history in detail.

5. Conclusion

I learned a lot through this four weeks program. Sometimes I felt difficulty in keeping up with the classes because of my English problem, but this experience strongly motivated me to study English and brush up my clinical skills. I really think it is one of the best benefits of studying abroad, so I would like to recommend my juniors to try studying abroad even if they don't feel confident in English. Finally, I would like to express my gratitude again for all the people in Malaysia and Japan, who helped me to get through this program.

University of Hawaii
Kuakini Medical Center
April 4 - 29, 2011
Aya Saito

1. About Kuakini Medical Center



Dr. Tokeshi's clinic

Kuakini Medical Center (KMC) is located in suburban area of Honolulu, and it takes about 40 minutes from Waikiki by bus. It is not a busy area Waikiki or Alla Moana, so you may get surprised to see how different it is from the typical images of Hawaii which most of people have. But there you can see very daily life of people in Hawaii, not Hawaii as so called tourist spot.

KMC was originally established by Japanese immigrants to provide medical service to Japanese people in Hawaii. Now KMC plays an important role as a center of community hospital, but due to the origin as Japanese hospital, a lot of motivated doctors from Japan and other countries come to KMC to join the residency program, therefore it is definitely stimulating experience for students to join the program.

2. Schedule

Within four weeks, I and one student from Kochi University spent first one week in a private clinic of Dr. Tokeshi, a pioneer of family practice, and other three weeks in an internal medicine program of University of Hawaii in KMC.

Within four weeks, I and one student from Kochi University spent first one week in a private clinic of Dr. Tokeshi, a pioneer of family practice, and other three weeks in an internal medicine program of University of Hawaii in KMC.

April 4 2011						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Dr. Tokeshi's Dojo

Internal Medicine Program

Dr. Tokeshi's Dojo : The program of Dr. Tokeshi is called "Tokes hi Dojo" by Dr. Tokeshi himself (because he is also a master of Kendo and Iai), and his Dojo is feared by students of Hawaii University as being really busy and strict course. In this course, we followed admitted patients Dr. Tokeshi had in KMC. Our duty was to see all the patients and write their progress note every morning, even on Sunday. It must be finished before the morning round with Dr. Tokeshi that starts at





Morning Conference
in resident's room



Special lecture of Dr. Lawrence Tierney from UCLA

6:30 a.m. After the morning round, we practiced history taking and physical examination of outpatients in Dr. Tokeshi's clinic. There we were required to do all the procedures systematically and efficiently like forms of Japanese "budo". As he is a family doctor, he covers all the family members from baby to elderly and familiar to each of them. In the evening we went again to the round, and after that we could go home as long as there were no new admissions. In other words, when there was a new patient, "sleeping and eating become optional" as Dr. Tokeshi has always mentioned.

Internal Medicine Program in KMC: In the program of internal medicine in KMC, we joined the care team. The team generally consisted of a second-year resident, an intern (first-year resident) and a third-year medical student of University of Hawaii. There we shadowed the residents or students to see their daily work in the hospital. Unfortunately the foreign students were not allowed to do history taking or physical examination of the patients, so we could only watch what the residents and students were doing. But the discussion of the team members was so active that we hardly get bored. When a new patient came, they first read the chart that ER doctors wrote and discussed what kind of information

they needed to make diagnosis. Then they went to see the patient and took history and physical examination, and discussed again to decide what tests were useful to narrow the differential diagnosis. These series of discussion were really helpful for us to learn the process of making diagnosis. Also there were some lectures and conference almost every day that provided us a great knowledge.

3. What I learned from the program

During my stay in Hawaii I had a lot of meetings with wonderful people such as doctors, residents, students and co-medical staffs. Every meeting gave influence on me, but who impressed me most was Dr. Tokeshi. He always told us that doctors are all servants of patients, and we always have to respect our patients. Based on his belief, he is on call 24 hours, 365 days. I have never seen such doctor before! Also he has a broad range of knowledge, not only medical knowledge but every kind of knowledge. Especially he is versed to history, and taught us that every medical device and procedure has its history, and by learning the history we can become much more familiar to them. For example, we can use stethoscope without knowing its history, but when we learned a long way of invention of stethoscope, our knowledge become more profound. He

taught us to study not only from medical books but also from every kinds of books to improve ourselves. He still continues studying, saying that he is a teacher as well as a student of the way of medicine, and will be for the rest of his life. It is really hard to become a doctor like him, but I could get an ideal vision from him.

4. Acknowledgements

Here I would like to express my deepest gratitude to all the people who helped me to have such wonderful experience. I hope that the student next year will enjoy the program.

**Externship on University of
Pittsburgh Medical College at Shadyside
hospital and Family Health Center
April 5-16, 2011
Hiroyuki TODO**

Introduction: What brought me to UPMC ?

As my father is a general practitioner, it was impressive to me when I was an infant. I believed "Doctors know everything! Cool!" in an innocent way. Even after growing up, I'd like to be a doctor, so entered Kobe University School of Medicine.

Before starting clinical medicine at 4th year, my idea of doctors was "generalist". However, actually, many doctors in university hospitals are highly specialized. I was a bit confused. In such a moment, Dr. Kentaro Iwata, Dr. Eiji Hiraoka, Dr. Yousuke Fujioka, Dr. Eita Sakemi... such "major leaguer doctors" greatly impressed me because their skill of "general" is brilliant, and many of them also have established specialism. So I had come to be think, "What is general? What is special? What is American residency?". Still, I don't have any concrete answer about those questions. However, this visit on UPMC gave me some hints. At least, as many people admire American residency, through which they say we can brush up "general" skills greatly, I was eager to experience US medicine. So it was fortunate to have such a precious opportunity thanks to Dr. Hashimoto.

About previous visit on USA, I participated in a study tour in UCSF (University of California, San Francisco) and Stanford University medical department and session in University of Hawaii medical department. I experienced English conversation, OSCE in English, lecture of American medical

education and medicine, and practice of physical examination. However, I had only one-day experience of following to doctors' round. So this shall be the last piece of the puzzle.

Though I practiced English debate as a club activity of ESS and took TOEFL iBT, my English skill is far from perfect. So this description probably has errors or misunderstanding, but I honestly wrote of my experience and idea. Therefore, please bear it when you read this report in mind.

Schedule

Day 1 (April 5, 2011)

200pm : Orientation and making initial schedule by Dr. Takedai (coordinator of this externship)

400-800pm : Shadowing a resident (Bruno, PGY2) at FHC

Day 2 (April 6, 2011)

730am: morning sign in inpatient team

830-1100am: Shadowing a resident (Vincent, PGY3) at Shadyside hospital ward

-1200pm: mini lecture "pericarditis" and "DKA(diabetic ketoacidosis)" by residents

-100pm: lecture on lunch "Obesity in primary care"

-400pm: Shadowing a resident (Gigi, PGY2) at Shadyside hospital ward

-800pm: Shadowing Dr. Wakai (PGY3) at FHC

Day 3 (April 7, 2011)

730am: morning sign in inpatient team

830-1100am: Shadowing an intern (Yuwah) at Shadyside hospital ward

-1200pm: mini lecture "fluid balance" by a 4th year pharmacological student

-500pm: lunch & didactic sessions (Depression, Sexuality, M&M conference, pancreatitis and pancreatic cancer)

Day 4 (April 8, 2011)

800am: Grand Round by GI(gastrointestinal) physician

900-1100am: Shadowing a resident (Deepa, PGY3) at FHC

-1200pm: Case conference and lecture about behavioral science

100-400pm: Shadowing Dr. Miyashita (chief resident) at FHC

-700pm: Shadowing Dr. Wakai at FHC

Day 5 (April 9, 2011)

730am-850am: GP(General Practitioner)'s round- Case conference and lecture

-1200pm: Shadowing Dr. Hirooka at FHC

100pm-500pm: Shadowing Dr. Takedai at FHC

Day 6 (April 10, 2011): Sightseeing

Day 7 (April 11, 2011): Making presentations at my hotel

Day 8 (April 12, 2011)

730am: morning sign in inpatient team

830-1100am: Shadowing a resident (Ria) at Shadyside hospital

-1200pm: radiology round

-100pm: lunch & lecture of nonspecific symptoms

-400pm: Shadowing a resident (Alaa) at FHC

Day9 (April 13, 2011)

730am: morning sign in inpatient team

830-1100am: Shadowing a resident (Earl) at Shadyside hospital

-1200pm: lecture about sickle cell crisis

-800pm: procedure clinic and shadowing Dr.Miyashita

Day10 (April14, 2011)

730am: morning sign in inpatient team

830-1100am: Shadowing a resident (Ria) at Shadyside hospital

-500pm: didactic sessions

Day 11(April15, 2011)

800am: Grand Round by a cardiologist

900-1200am: Shadowing Dr.Hoh at FHC

-300pm: Shadowing Dr.Wakai at FHC

-400pm: wrap up by Dr.Takedai

Detailed description of each day

Day1 (April 5, 2011)- First contact

As It was the first day, I was a bit nervous. However, Dr. Takedai kind instruction relieved me. After orientation and making schedule, he said flexible, he made several medical questions such as "Why is vaginal delivery better than Caesarean section?" "Once a woman took Caesarean section, could she chose vaginal delivery in her next delivery? ". I felt the clerkship had started. Then Dr. Takedai introduced me to medical staffs of FHC. I said many many "Hello", "Nice to meet you" and "My name is ...". As most of them were smiley and friendly, I felt easier. However, native English seemed still difficult to me. At shadowing to Bruno, when a middle-aged woman presented with chief complaint of pruritus in genital area, he asked vaginal discharge and bleeding, sexual activity, history of DM(diabetes mellitus) of her own and her family members, use of abx (antibiotics) and system review of lower abdomen such as diarrhea/constipation, pain on urination, urinary frequency. Especially as DM and abx use are important for Candidal

vaginosis but students tend to forgot asking, it was educative. As to other patients, he also examined both postpartum woman(he conducted pelvic exam, which in Japan is almost exclusively OB/GY (obstetrics/gynecology) doctors' job.) and her neonate. I was impressed – "He is, probably American family medicine residents are, really all-around." Besides, as the patient was "first mom", so she was worried change of babies' feces color and milk spitting. That was in case of also in Japan.

Also educative was "perception", a brief presentation by residents to supervisory doctors then doctors accept or change residents' therapeutic strategies. It was a great chance to listen summarized presentations and to learn courses of the patients. Directions were educative, such as "Even if one SSRI is not effective, you can try another one because each SSRI effects on different process.", "Pneumococcal vaccine is indicated to patients under 65yo(years old) if they have particular baseline diseases."

Day2- Still, many cultural shocks

It was snowy day. As "Japanese garden" in front of hospital entrance has cherry blossom with bud, spring hasn't come. Obviously Pittsburgh's climate was cooler than that of Kobe. In the morning, I attended "morning sign" in family medicines ward, brief presentation of new patients admitted in the night- "申し送り". Despite rapid speech, I barely succeeded to grasp chief complaints, diagnosis and course by using medical knowledge. It was a good training of listening skill. Medical conversation might be easier than daily conversation because medical knowledge works as a common language.

Round in the ward, shadowing Vincent, didn't seem so new, to be honest. That's because it was almost exactly the same as that in Japan. However, as the ward had various diseases such as DKA, AMI, MDS as Kobe Univ GIM(general internal medicine) does. Moreover, to listen patients' course in English and to see progress notes(medical records) were interesting. Two lectures, from 1100am and with lunch, were interesting. The details were shown below. The lunch buffet was so great! It had various vegetables, meats, fruits, sweets and drinks. I was convinced that everyone want to attend such a lecture(Of course, the biggest factor is probably "culture"

to attend lectures, which is still not enough in Japan), although the topic “obesity” suppressed my appetite.

In the afternoon, about my schedule, I asked to rotate ED(Emergency Department) and ICU as my seniors did, but it was unable because no residents in family medicine is rotating or simply too busy. However, on the way to take my ID card, Dr. Takedai let me see ED. There were so many beds in the corridors! It looks alike ER of Okinawa Central Hospital. What I knew after is not so long ago ED of a nearby hospital had closed, so Shadyside Hospital opened new beds. Although Urgent Care Clinic (nearby FHC) took patients with mild diseases, ED seemed murderously busy.

In shadowing to Dr. Wakai, he did McMurray test, anterior drawing test and posterior drawing test to a middle-aged woman with knee pain. It was the first time to see! Moreover, he told me “piriformis syndrome” and “PFP(PatelloFemoral-Pain) syndrome”, both of which I had never known.

He also examined an uninsured patient with inadequate alcohol consumption, heavy smoking and depression and a teenager who was smoking marijuana. So many problems of addictive substances in USA! Dr. Wakai said “the best way is to appreciate patients’ effort against such problem”. I decided I would do it when I have patients after graduation. An supervisory doctor told “HEADS” is major problems for juveniles: Home, Education, Alcohol, Drug, Sex/Suicide/School.

Finishing his job, Dr. Wakai mentioned residency in USA. According to him, internal medicine is not so different in Japan, so few of his junior doctors in Teine Keijinkai Hospital choose to go to American internal residency. However, it is good to go USA for those who hope training of outpatient because family medicine is a good tool to brush up skills of outpatient.

He also told me in USA OB/GY doctors do few ultrasounds. Instead, technician of ultrasounds conduct it only 1 or 2 times during each pregnancy. That’s because more frequent intervention doesn’t change the strategy. I thought how often Japanese OB/GY doctors do ultrasound, however, I believe it is Japanese good point because it is non-invasive, inexpensive (Japanese universal insurance covers) and lets mothers to see their babies. One more difference is patients’ attitude. American patients ask many (sometimes

inadequately many) questions toward doctors, moreover, patients want information paper about their diseases such as “What is diabetic neuropathy?”. It probably comes from the difference of cultures.

What I learned:

1) Pericarditis: #CP (chest pain)>95%, sudden onset, minimal or absent in uremia or rheumatologic disorders, exacerbated by coughing or inspiration, palliated by sitting up or leaning forward #EKG (electrokardiography) may deceive you: diffuse ST elevation (with ST depression in aVR & V1) in hours to days, ST normalization in 1st week, inversions after that, finally normalization or persistent T wave inversion

#Dx (diagnosis) criteria: 2 of the following:

1)sharp & pleuritic CP 2)pericardial friction rub 3)EKG changes 4)new or worsening pericardial effusion

#Rx(treatment): NSAIDS effective in 70-80%, if not responding within 1 week, look for other causes. Side effect: HA(headache) & GI symptoms. Gastroprotective therapy by PPI indicated in Hx(history) of PUD(peptic ulcer disease), 65yo, concurrent use of ASA(aspirin), corticosteroids or anticoagulants. Colchicine can be used as an adjunct to NSAID.

2)DKA:

#AG(anion gap) shall be 18. If 18, continue insulin regardless of blood sugar.

#Hyperglycemia cause pseudo hyponatremia. Na ↓1.6meq/l for every glucose ↑100 over 200.

#Measure BNP q4h.

3) Obesity:

#Most of decrease of BW(body weight) come from restriction of calories

#pizza 1 slice(!) has >200kcal

#Many of diet programs or foods are statistically not significant.

4) McMurray test is considered positive by the existence of grinding and/or clicking.

Day3- A great use of both brain & body

In the morning, I shadowed Yuwah. She let me do PE (physical exam) of a patient with thigh hematoma(On admission, his PT-INR was 4.0!) and CHF and another patient with intestinal perforation when he took colonoscopy to detect diverticulitis. Even without PE, I saw many patients such as fever and rash(viral infection suspected), HCM, sepsis from decubitus ulcer and DM with

nocturnal hypoglycemia. She also let me see Uptodate while she described medical records. Still an intern, but she is a good educator.

In the afternoon, lectures are held with delicious lunch(for we Asians, to eat vegetable is valuable in USA). Interesting was M & M (Morbidity and Mortality) conference. That is presentations about educative cases. To learn chief complaint, diagnosis, treatment, course, and death in a mass was very educative. Practical was two lectures about pancreas, whose details are shown below. In that day, FHC ends 500pm, earlier than other day. So I could take longer time for running machine & indoor pool in my hotel than other days.

Besides, I was told that even American students have ordinary only one patient each (resident has usually 6-9 patients). When I participated in study tour in UCSF and Stanford University with other Japanese students on March 2010, we thought "Oh, American students are working like doctors! So enviable!"- however, the real superiority of American clerkship seems not so big as we thought at that time.

What I learned:

1)HCM

#Outflow obstruction considered positive when resting gradient 30mmHg.

#Dx criteria: LV wall thickness 15mm, though in some cases 15mmHg.

#MR is associated with almost all HOCM.

2)DM

#Serum glucose 70 mg/dl at SMBG regarded hypoglycemia.

#Type1 DM: 2.3 hours/day, Type2 DM: 1hour/day experiences serum glucose 70 mg/dl.

#When see nocturnal hypoglycemia, think balance between insulin and counterregulatory system.

3)Depression:

#4th cause of disability. 50% is not diagnosed.

#Double medical expenditure is necessary in patients with depression.

#WHO estimates it will become No.1 cause of disability and death by 2020.

#Screening:"2QDS", Dx and management: "PHQ9"

4)Acute pancreatitis

#Dx criteria: two of 1)pain, especially epigastric 2)amylase and/or lipase elevation 3)inflammation

#Rx: "fluids! fluids! fluids!" because of elevated vascular permeability

#Etiology: smoking (also causes chronic pancreatitis and pancreatic cancer), virus, 10% of lupus, drugs

#More patients present on Friday because of drinking.

#Ask family history

#Check calcium and triglyceride in blood work.

#For children, use MRCP rather than ERCP.

#Evaluate severity by Ranson, APACHE, hematocrit, CRP and urinary trypsinogen.

#Necrotizing pancreatitis: sterile 63%, infected 37%. Organ failure (+) in 52%. Mortality 14%.

#Enteral feeding is better! Safer and cheaper than TPN. If albumin <1.5, choose TPN.

#Abx is not necessary unless infection is associated.

#Other diseases with amylase & lipase elevation:

amylase(+) lipase(+):bowel obstruction, perforation

amylase(+) lipase(-): ectopic pregnancy, tumor, parotiditis

amylase(+) lipase(±): renal failure, biliary disease

5)Pancreatic cancer

#Cut-off line of CA19-9: <15: Sn 92%, Sp 60% 75: Sn 80%, Sp 90%

#CT: Sn,Sp<80% MRI:Sn,Sp>80%, ERCP:Sn>80%, Sp>90%, PET: Sn>90% Sp<90%

#30-45% is attributed to smoking.

Day4- Dark side of USA, despite the highest GDP

Grand Round was lectures of GI physician. The topics were new endoscopy equipments and ingested foreign objects & food bolus impaction. As to the former, I got proud because new innovative equipments of Japan origin were introduced. As to the latter, the presentation was brilliant including the content, how to speech, voice and slides of Power Point. It's happy to see such a good example.

In the morning, during I shadowed Deepa, I saw Trichomonas, taken from a patient with vaginal itching, swimming in normal saline on the prepared slide of the microscope. Timely, the topic of case conference and lecture about behavioral science was STD. The case was a young woman with rash, fever, arthralgia and sore throat. Differential Dx were hypersensitivity, Hepatitis virus, HIV, infectious

mononucleosis, disseminated gonococcalemia. As to sexual activity, behavior(oral, anal), number of partners, male, female or both, treatment of partner, protection, last sexual contact, prior STD, IV drug and prostitution should be asked.

As I got accustomed to USA, I found this country has so many STDs, so many MRSA, so many recreational drug uses, so many obesity, so many diabetes mellitus, so many hypertension, and so many poor people. In the afternoon, Dr. Miyashita examined a patient who returned from jail but cannot return her own home because still under the observation period. Also, she was both physically and mentally abused and used IV drug. He said such a case is not unusual. Another problem is food. He also said, "obesity is one type of malnutrition", though we associate weight loss with the word "malnutrition". He told me FDA recommended to mix folic acid in breads because American intake was not enough, especially as for young women with possibility of pregnancy. He said the reason of folic acid in bread was, originally it was routinely prescribed to all of such women, but still many of them didn't take them regularly. As Dr. Wakai said "food makes diseases". I felt a notorious story that poor people get obese because they have no choice to buy junk food in my bones. Additionally, I found hydralazine and thiazide were used against hypertension. Both are cheap drugs, so mainstay in USA. Although Japan is getting poorer and poorer and she have had big earthquakes recently, still we are happy to eat many healthy foods and take so many expensive ARBs.

What I learned:

Ingested foreign objects and food bolus impaction:

#Prevalence is 16/100,000. Common GI emergency.

#called "steakhouse syndrome"

#Risk factors are "Young and the restless", "old and toothless", children(6 months-3years old), compromised mentation, dental prosthetics and so on

Day5-sore throat day

In GP's round, a case of 44yo F(female) AA(African American) with chief complaint of "I have something in my throat" was presented. As she looked toxic, had stridor and

cough and was taking ACE inhibitor, it was likely to be "killer sore throat" such as acute epiglottitis, foreign body airway obstruction, anaphylaxis and angioedema. The final diagnosis was anaphylaxis, so how to treat anaphylaxis was lectured. That was basically the same as that of Japan.

Impressive was that in the morning report, a resident presented a patient who she couldn't save. She was very upset and crying. An common image in Japan "Americans are tough, energized, friendly..." seems exaggerated. Some of them looks irritated or strained when they are so busy. Even in this country, to work is tough.

On the day, I saw four patients with sore throat. I decided I would never forget Centor criteria, swab, culture for group A streptococcus, and to ask whether patients hope empiric Abx. Dr.Hirooka kindly made mini-lectures for me, as shown below.

Moreover, I was informed American insurance style is basically future payment. That is, patients may be said later their insurance doesn't cover the treatment and have to pay the medical fee by myself. As everyone knows, insurance in USA is a very big problem. Also impressive was medical checkup of a Japanese researcher. He visited to FHC to take EKG, CXR(chest X ray), gastric X ray with contrast, urinary test and so on. Such routine checkup is obligated by Japanese law to Japanese companies, so the companies have to pay the cost even if American insurance doesn't cover the checkup. Only one EKG costs 500\$!! A nurse said "Waste of money!" Dr. Hirooka said, "Indeed in Japan, because of universal health insurance, doctors tend to be order unnecessary checkups such as CRP. However, such a difference is simply comes from characters of insurance systems. We cannot determine which is better, at least I think Japanese system should be admired in the world." -there is no the "best" system, so we humans have to seek the "most adequate" system in the society, I thought.

What I learned:

- 1) Patients with nausea should avoid orange juice and grapefruit juice because acid irritates stomach. Apple juice, water and milk are better. Previously milk was considered protective against ulcer, but it is not true.
- 2) When you see patients with sore throat,

immunocompromising factors such as HIV, DM should be asked.

- 3) Abx against strep throat of children obviously reduces complications, but in patients 18yo, it is unclear though symptoms resolve sooner.
- 4) Don't measure blood pressure soon after the patient comes. He or she maybe have run to come, so you may see pseudo hypertension.
- 5) About Neurology, Dr. Hirooka said "Japanese neurologists are rather stoic about physical exam. American neurologists tend to do localization (局在診断) by CT and MRI." -as I have decided to be a neurologist, to go American residency may be not so meaningful.
- 6) Even USA, there are conflicts between specialists and generalists. Different from Japan, the number of doctors who go to fellowship is not so large.

Day6- Outdoor day

I went sightseeing of-

- 1) Incline: a good view from hilltop!
- 2) Carnegie Science Center: this building is for children, but exhibitions were interesting even for me.
- 3) Cathedral of Learning: a 162 meter tower with libraries and classrooms for Pittsburgh Univ! "Nationality rooms" were so beautiful and interesting.
- 4) Carnegie Museums of natural science and art: jewel, fossil of dinosaurs and paintings.

Especially 3) and 4) were wonderful. As both are in Oakland, near from Shadyside hospital, I recommend them to you juniors.

Day7-Indoor day

I did "Hiki-komori" in my hotel and spent all the day to make a report of this externship, study session in Kobe Univ, and that with other universities. Somehow busy.

Day8- radiologist Round

In the day, I followed an Asian resident Ria. She told me many things – for example, we have to keep Mg²⁺ if the patient has heart disease. In the radiology round, I found radiologists so smart. They knew much of the diseases- for example, enlarged spleen with "zebra-stripe" which suggests lymphoma. Their professionalism was so wonderful.

Day9- recognition of USA

In the morning, I followed a Taiwan resident Earl. Including his intern's supervising, he had 15 patients. He looked really tired. I recalled my senior of Aikido-club, PGY2, was also tired when she had as many as 20 patients. Fortunately, I had a chance to glance ICU, which is almost the same as that of Japan (maybe American ICU is a bit bigger).

In the afternoon, I saw a "American" patient. She underwent gastric bypass surgery for excessive obesity, which caused iron deficiency anemia & vitamin B12 deficiency. Another American thing is IUD(Intrauterine device) simulator. Unfortunately the patient didn't show up to FHC, but I could use it.

Probably, it will be the last chance to touch IUD in my life. The other American patient was a middle-aged woman with complaint of left shoulder pain. I felt her pain was unnaturally severe, and she repeated "give me another drug! Ibuprofen doesn't work for me!"- After the examination, Dr.Miyashita coolly said, "She is opioid-addicted. She always says those kinds of things because I never prescribe opioid." He also said American medicine use opioids too much and too easily, so it was a serious problem. I felt this is opposite from Japan, where hospice and supportive case is still in short. He told me many (up to 30%?) patients don't show up to outpatient clinic and majority of them even don't telephone to the clinic. It was unbelievable because Japanese patients are very punctual.

And as to the USA medical system, patients in Emergency should not be refused at least in UPMC and other university hospitals. So, for example, patients with diabetes mellitus don't come to outpatient clinic, then they visit ER by DKA. Probably many people will think it is irrational. Unnecessary ambulance call might exceed Japanese number (although in Japan, cost of ambulance is covered by citizens' tax). Also, Earl told me in UPMC medical students cannot order medications. That situation is the same as Japan. So in this day, I thought again, "What is happiness? What kind of medical system is the best for patients? What kind of clerkship we medical students wanna do?"

Day 10

Unfortunately, didactic session didn't have many lecture, such as pediatric GERD, and mainly business meeting.

Day11- the last day

Grand Round was about physiology of cardiology. Not only knowledge of basic science but also clinical knowledge, such as prevalence of HCM, ARVC, and other arrhythmias, was also presented. So it was never boring. Following Dr.Huh, I found two educative cases. The first is eye pain. Dr Huh, who was a staff of emergency department of Kobe City General Hospital (神戸中央市民病院), let me see the eyelid everted, no foreign body, and the cornea had a scar in fluorescent stain. The second is plantar fasciitis, which is characteristic of “frozen gait” in the morning.

After the shadowing, Dr.Takedai wrapped up my externship. I was sorrowful to end my days in USA.

Summary

It was a great experience. I learned not only about medicine, but also about American medical system. Structure of the society, food and culture were also different. Through this externship, I got more conscious about my nationality, professionalism as a doctor, and the character of Japanese medical system. Although I still don't have concrete answers to these questions, but I surely learned something to think the answers.

The biggest problem seemed English ability. Speaking was unexpectedly OK- native speakers seem have little difficulty in listening my Japanglish- but listening was though for me, even though I barely succeed to communicate with them without dictionary.

As to medical education, I feel American student and residents are more accustomed to clinical medicine because they take longer training and more patients than Japanese students and residents. However, I believe despite the superiority of American education, if I study hard, I can catch up to them. Several years later, I want to talk with American doctors with pride as a Japanese doctor. This experience motivated me very much. Now I am taking remaining clerkship in my 6th year as aggressive as possible. The visit may be a turning point in my life.

Gratitude

This visit let me know a lot about not only American medicine, but also culture and society. Moreover thorough communications between doctors, nurses, medical students and patients, I felt now I more about

communication than before. It was also good to see “pathology” in US society such as obesity, malnutrition, illicit drugs, psychiatric disorders and poverty. Although now Japanese medicine is more and more “Americanized”, This visit let me know a lot about not only American medicine, but also culture and society. Moreover thorough communications between doctors, nurses, medical students and patients, I felt now I more about communication than before. It was also good to see “pathology” in US society such as obesity, malnutrition, illicit drugs, psychiatric disorders and poverty. Although now Japanese medicine is more and more “Americanized”, but many of Japanese will end their lives without deep knowledge of what is US medicine. Of course, just two weeks are never enough to know it enough, but I actually experienced it. Probably this is the most important because “0” and “1” is completely different. I'd like to express my deepest gratitude toward Dr.Hashimoto and Dr. Takedai. Also, thank you doctors, thank you students, and thank you patients. for giving me such an experience “like a million dollars”.

For my juniors

This externship shall be suitable for students who are interested in “general”, family medicine and US residency. Although opportunities to examine patients or to write on medical records by yourself will be almost zero, in residency you can do such things a lot. Rather, as you will have few chances to experience American medicine, I believe it is very regrettable to miss this externship. Be ambitious! About your hotel, I recommend “Courtyard Pittsburgh Shadyside”, which is just across the street to Shadyside Hospital. Notice: no toothbrush, slippers and safety box at rooms. Social security of Pittsburgh is generally good, so female students don't have to be scared. About your schedule, if you hope to rotate other departments such as Magee women hospital, it is better to tell it to the coordinator in advance, though it depends on the situation at that time.If you have any questions, don't hesitate to contact me.

williamshakespeare1616@yahoo.co.jp

Do your best!!

Siriraj Hospital , Mahidol University,
Bangkok, Thailand

Ryo Miyoshi



There are about 90 buildings in Sirirai

Introduction

I thought I can see various tropical infectious diseases or HIV in Thailand, and I have not seen these diseases many times in Japan. In addition, I am very interested in Thai culture. That's why I choose this program.

Schedule

4~15, April	Trauma Surgery
18~29, April	Infectious Disease

Trauma Surgery

For the first two weeks, we studied in Trauma Surgery department. In this department, there is no schedule for us, so we could freely see what we would like to see.

We usually stayed at OPD (Out Patient Department), and see many patients with Thai students. I'm very surprised that Thai students took medical interview and did physical exam for real patients more than Japanese students.

We sometimes see hand clinic and face clinic. In these clinics, the professor sees patients after surgery about nasal fracture, hands injury and so on. I have never seen these patient in Japan, so it was very good experience for me.

In Trauma Surgery department, there is a burn care unit. I heard that there are many burn patients in Thai, so they have this unit. In this unit, there are about 8 rooms and many burn patients were cared. This was the first time for me to see burn patients, so at first they are very shocking. But gradually, I got used to see them.

I think we can't see many burn patients in Japan, so I recommend for junior students to



With ID doctors

see this unit.

Infectious Disease

Unlike Trauma Surgery, we received schedule in ID (Infectious disease). So, we followed ID doctors. In Thai, there are much more HIV patients than those in Japan, so we saw many HIV patients. In outpatient HIV clinic, we see many patients with doctors. They taught us about HIV treatment. When they follow-up HIV positive patients, they routinely check CD4 count and HIV viral load. I'm very surprised that so many patients came here and they are really normal people.

On Thursday, there was HIV round at ward. Patients were not good condition and they have complications. We saw many complications like Tuberculosis, cytomegalovirus infection, Cryptococcosis. In Japan, I saw only one HIV patient. But, I could see many patients here, so I could learn about HIV complications, treatment, diagnosis.

Daily life

During this program, we stayed at the male dormitory. It was a little old, but in our room, there are air-conditioner and a fan. They are very important for us because it was very hot. Our room was for four people, but we luckily used this for only two people (me and Mr. Sasaki). So, we could stay here so comfortably. There were many cafes, food halls, convenience stores, and banks in the hospital. And near the hospital, there are many shops. And around the hospital, there is the market. It was very convenient. In addition, there are gyms, tennis courts, futsal court, basketball court. We went to the gym almost every day. It was very new and has many machines there.

On last evening, we played tennis with orthopaedic professor. I didn't play tennis very well, but it was very fun.

It is a great memory for me. I'm very surprised that Siriraj students are very very kind and friendly. Various students took us many places to make us fun, and when we had a problem, they kindly help us. We almost everyday go dinner with Siriraj students, and when we have free time, we went sightseeing with them. Thai food was very delicious for me, although if I didn't say "not spicy", it is too spicy for me. Especially, my favorite Thai food is Phad-Thai, which is fried noodle in Thai style. This food is originally not spicy and very delicious. In addition, there are many delicious fruits in Thai such as banana, mango. When I felt thirsty, I often drank banana shake.

We had a trip every weekend. We went to Phuket, Ayuttaya, and Chengmai. When we went to Phuket, we went to the location for the movie "The Beach". It is very crowded, but the sea was very clear. It was so beautiful.

Conclusion

Through this program, I could have wonderful and memorable experience that couldn't have in Japan. I could learn not only medicine but also Thai culture. Furthermore, I could make many Thai friends. I really recommend my juniors to get this program. Thai people are really kind and friendly. Finally, I would like to express my deep appreciation to everybody who give me this great program and memories.

**Siriraj Hospital, Mahidol University, Bangkok,
Thailand**
Makoto Hayashi



With Professor



Microscopic examination

Introduction

I stayed at Siriraj Hospital in Bangkok from 4th to 28th April, 2011. I was so interested in Thai culture and I'd never been to Thailand. And I wanted to learn about tropical diseases that we rarely see in Japan. That's why I chose to visit Siriraj Hospital as an exchange student.

Thanks to wonderful job by Prof. Kawabata and Ms. Miwa in Kobe Univ. and Ms. Thongthip in Siriraj Hospital, I had a wonderful experience. So here I'd like to introduce the internship in Siriraj Hospital for my juniors.

Schedule

4th – 12th April : Infectious Disease
13th – 15th April : Songkran Festival!!!
18th – 29th April : Trauma Surgery

About Siriraj Hospital

Siriraj is one of the largest and busiest medical centers in Thailand with a capacity of more than 2,000 beds and more than one million outpatient visits per year. The medical school accepts about 250 medical students and more than 100 for postgraduate residency training each year. Due to its excellent reputation, its tertiary care unit is



Siriraj Hospital

the referral center for all hospitals in Thailand. Siriraj has been the residence of the King of Thailand, His Majesty King Bhumibol Adulyadej, since the 82 year old monarch was admitted in September 2009, for treatment of a respiratory condition.

Infectious Disease

We had lectures for residents and consultation round every day. At lectures, they spoke Thai language, but handouts were all in English. At consultation round, we visited 10-15 patients of other wards and we discuss how to treat them. On Tuesday, we had a lab round. Professor tells medical history and we peer through a microscope at pathogen, then we guess what it is. We luckily saw *Burkholderia pseudomallei* of hip arthritis patient. On Thursday, we had an outpatient HIV clinic. Most cases are follow-ups and they routinely check CD4 and HIV-RNA. My image of HIV patient was junkie or homosexual who looks severely ill. But they looked fine and I hardly distinguish them from healthy people. I realized the impact of HAART therapy.

Trauma Surgery

At Trauma Surgery we had operation unit and outpatient clinic. They mainly treat patients of hand injury, facial fracture, and burn. I was so surprised that so many burned patients came to hospital because of factory accidents.

Daily life

We stayed in the male dormitory. There were tennis courts, a pool, a sport-gym, a convenient store, and McDonald. So we had a convenient life. My image of Thailand was just a less developed country with no clean places. It's true that Thailand is a developing country, but developing force is fast and furious. There were some gorgeous department stores in Bangkok.

Thai culture

We visited many places in Thailand every weekend. Siriraj students were so kind that they took us everywhere. One of my dreams was joining in overseas festivals and the highlight of Thailand on April must be Songkran Festival. The most obvious celebration of Songkran is the throwing of water. Thais roam the streets with containers of water or water guns (sometimes mixed with mentholated talc), or post

themselves at the side of roads with a garden hose and drench each other and passersby. This, however, was not always the main activity of this festival. Songkran was traditionally a time to visit and pay respects to elders, including family members, friends, neighbors, and monks. Thanks!

Dong-A University Hospital
Busan, Korea
06/06/2011~18/06/2011
Kazumichi Kitayama



Introduction

I participated in this exchange program because I wanted to experience and learn a lot during my school days. I aimed 1) to learn how the medical care in Korea is, 2) to find the difference between Japanese medical care and Korean medical care, 3) to improve my ability to communicate with the people in other countries, 4) to learn the Korean culture and to remind me of the Japanese culture.



With the doctors of plastic surgery

Schedule

1st week ~Plastic surgery~

	A.M.	P.M.
6/6 Mon.	Public Holiday	-
6/7 Tue.	Operation	Round
6/8 Wed.	Outpatient	Round, Dressing
6/9 Thu.	Dressing	Round, Lecture of Suture
6/10 Fri.	Academic Meeting	Academic Meeting

2nd week ~Neurosurgery~

	A.M.	P.M.
6/13 Mon.	Operation	Operation
6/14 Tue.	Operation	Operation
6/15 Wed.	Outpatient	Round
6/16 Thu.	Free Time	-
6/17 Fri.	Free Time	-

Plastic surgery

I am interested in the surgery and I have ever heard that the Plastic surgery is very popular in Korea, so I had asked to visit that department. I had a great interest in the reconstructive operation of the breast after the mastectomy for the breast cancer. They reconstructed her breast by using her own latissimus dorsi muscle. During my stay at the department, doctors were preparing for the academic meeting of the Plastic and Reconstructive Surgery, so unfortunately I could see few operations. But I could join the academic meeting instead ! That was very exciting experience. I listened to so many presentations. Though I didn't have formal clothes with me, Dr. Kim lent me the clothes for the academic meeting ! I really appreciated him.

Neurosurgery

In the second week, I visited the Neurosurgery department and observed some operations. They allowed me to participate in the operation as one of the assistant ! I participated in the operation clipping for the cerebral aneurysm to keep from rupturing. I was a little nervous, but I enjoyed it and felt that the method was very similar to the Japanese.

Doctors were so kind that they explained me about the operations in English. But it was a little hard for me to understand their English medical terms during the operation. I realized that I needed to learn English terms more. Doctors invited me to the dinner almost every day. When I had no way to go back to my dormitory, one intern let me stay at the dormitory for the interns ! That was exciting, too.



At the farewell party

Outside the hospital

I stayed at the dormitory of the Dong-A University in Hadan. It was a little far from the hospital; but very comfortable and there was everything I needed. It was nice view from the room. In the weekend, Prof. Choi and his daughter, Hae Jeong, and Miss Song took me around Busan. I really enjoyed Korean food, alcohol, culture, landscape, shopping, spa, and so on, thanks to them !!

Conclusion

Two weeks passed so quickly. People in Busan were all so kind to me. I had no troubles during my stay though I couldn't speak Korean language. They tried to communicate



Dormitory of the Dong-A Univ.

with me in English. Especially Prof. Choi took care of me very well. Miss Choi and Miss Song spent so much time with me. They showed me around Busan. I can't appreciate them too much. In Korea, medical students learn medicine almost in English, so I felt that we needed to improve our English skill. We – Japanese and Korean – can stimulate each other as the closest neighbor I think.

Thanks to all the people who helped me, I had a very good time and precious experience in Busan. I will keep in touch with them. This experience will be the treasure in my life.

I really appreciate all the people who gave me this opportunity, especially Prof. Hayashi, Miss Miwa, Prof. Choi, Mr. Song. Thank you very much.

**The University of Pittsburgh Medical Center
Shadyside Hospital
May14-21, 2011
Takao Kuga**

1. Introduction

First of all, I have to say that I didn't do externship officially but privately. Of course, I wanted to go officially under the financial support from the university but I lost the election. Fortunately, Dr. Hashimoto, who is my tutor of 6th grade BSL, gave me a chance. He is a professor of primary care medicine and he had finished his residency at UPMC Shadyside. He knows Japanese doctors who work as residents or fellows there. I told him that I want to know family medicine in USA, and he gave me a chance. Concretely, he told Dr. Takedai, who is a fellow at UPMC, to take in additional students aside from usual two students. Fortunately, he allowed me to go there.

From May16 to 20, I was given the opportunity to study at The University of Pittsburgh Medical Center Shadyside Hospital (UPMC Shadyside). I was so interested in family medicine, foreign culture, and English that I applied to only this exchange program which is for family medicine. Frankly speaking, I lost the election for two seats because I didn't have good score both CBT and TOEFL. To tell the truth, I think both medicine and English level were below the average.

2. Object



- 1) I want to know family medicine in USA.
- 2) I want to talk to foreign people in English.
- 3) I want to be tough by experiencing something challenging for me.

3. Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
5/16-5/20		8:30-12:00 FHC with Dr.Huh	8:30-12:00 FHC with Dr.Nakagawa	8:00-9:00 Grand Round at West Wing Auditorium	9:00-12:00 FHC with Dr.Cooper
	10:30-12:30 Orientation with Dr.Takedai			9:00-11:30 FHC with Dr.Huh	
	12:00-1:00 Lunch	12:00-1:00 Lunch break	12:00-5:00 Lunch & Didactic Sessions	12:00-1:00 Lunch break	12:00-1:00 Lunch break
	1:00-4:00 FHC with Dr.Miyashita	1:00-4:00 Inpatient with Dr.Huh		1:00-4:00 inpatient with Dr.Patricia	1:00-4:30 FHC with Dr.Sairenji
	4:00-7:00 FHC with Dr.Takedai				

I arrived at Pittsburgh on 5/13(Fri). I spent free time with my host family from 5/13 to 5/15. My externship was from 5/16 to 5/20. On the first day, Dr. Takedai asked me what I want to do there. I wanted to see how outpatient care is, so I told him that. He arranged my schedule which is mainly focused on outpatient care at Family Health Center (FHC).

4. Family Medicine



Examination room

About UPMC Shadyside

UPMC Shadyside is a 520-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.

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.

About Shadowing a resident at Family Health Center (FHC)

This was main part of my externship. I was shadowing a resident who worked there. It was very interesting for me because there were many varieties of patients. For example, a baby for follow-up, a boy with dermatitis, young woman who might be pregnant, pregnant woman for follow-up, 30's man who have HIV, middle-aged woman who have depression, old man with hypertension, and so on. The variety is not only in patients' age, sex, complaint but also in their race. There were white person, African American, Chinese, and Japanese.

It takes about 30 minutes to see one patient, which is maybe longer than outpatients care in Japan. Residents take medical interview, physical examination, and then make presentations to preceptors. Their presentations include what they think

about patients and preceptors give them some advice. This is helpful for me because I can know what they think about patients. After presentation, they get back to patients and talk them assessment and plan sometimes with their preceptor.

About inpatient round with a resident

This was second part of my externship. I was shadowing a resident who worked at Shadyside hospital. They have some patients. They see them, consult their attending physicians on the telephone, type their patients' records and so on. Sometimes I was asked some questions, but I was embarrassed. To tell the truth, I was not able to catch up with their speaking speed, so I have to say "please say again". To be honest, I sometimes answered questions by my anticipation. Actually, I think this inpatient round is almost the same that is in Japan.

About Didactic session which is held in the afternoon at every Wednesday

Every resident is free from daily work in the afternoon at every Wednesday. They gathered in a room. Some residents make case presentation. After that, we can hear some specialists' lecture. When I joined in this session, a psychiatrist took a lecture about psychotic patients and an ophthalmologist took any question from residents. The contents may be interesting, but unfortunately I could not catch up with English speed so I felt sleepy....

5. Daily life

Pittsburgh is not so big town, but beautiful town. Downtown is made up between two river and the scene from a hill is great I spend



Great night view with Roy

almost all of daily life with Mr. Roy. He is a 63 years old nurse who is working at FHC. I wanted to do home stay, and Mr. Kurata, who had been to UPMC one year before I did, told me about him. I asked him if I can stay your home, and he said OK willingly. He is a great person. Thanks to him, I had no difficulty in my daily life and I enjoyed every day. He is a nurse at FHC, so we went there together by his car. Before my externship started, we spent on weekend together. Fortunately, I could meet a Japanese doctor who had lived at Roy's home for studying English. He had just come there one week before I came to prepare for applying for UPMC residency program. We went sightseeing at downtown, sports area and so on.

6. Conclusion

Through this externship, I had a precious experience. I could see family medicine in USA on my own eyes, and I realized how wide its territory is. I could communicate with many people in English even though it was not smooth. Through such experience, I think I became tougher. To be honest, I was not able to catch up with native English, so I couldn't learn medical knowledge at all. However, I think I could accomplish my object. I would like to express my deep appreciation to Dr. Hashimoto, who gave me chance, Dr. Takedai, who coordinated my externship, Ms. Miwa, who gave me many advice and checked my English paper for applying, Mr. Kurata, who gave me some advice and told me about Mr. Roy, and Mr. Roy, who took care of me for all the days. Also, I would like to say big "Thank you" to everyone who arranged this externship.

To the juniors

If you feel like trying, I recommend externship abroad even if you are not good at English or you are poor grade at school. To be honest, My English level is average or below the average, and my grade is definitely below the average because I have lost some tests and my CBT score is below the average. Of course, the better you are at English or the more you have knowledge about medicine, the more you can learn. However, you can have great experience even if you don't have confidence now. Where there is a will, there is a way. Don't hesitate before you are to do something!

If you want to ask me more information,

please send me e-mail. My e-mail address is: takao_k_1224_christmas_eve@yahoo.co.jp.

I was helped by many people, so I want to help the juniors as far as I can. So don't hesitate to send me mail if you have any questions. What is more, tell me if you want to stay at Roy's home. He said he can accept Japanese medical students (but unfortunately only male). He is a great person and have open mind. I sometimes make contact with him.

Exchange Program 2011
Siriraj Hospital, Mahidol University,
Bankok, Thailand
Yuki Ozawa



Introduction

I stayed in Bangkok, Thailand from 3th April to 30th April. with Makoto Hayashi, Kosuke Sasaki and Ryo Miyoshi.

I studied Infectious disease and trauma surgery in Siriraj Hospital, and I enjoyed sightseeing, Thai food and Thai culture!

My schedule

4/4 ~ 4/15 Department of Infectious disease

4/18 ~ 4/29 Department of Trauma surgery

Department of Infectious Disease

First two week, I studied in department of infectious disease.

I look on out-patient clinic, ward round, conference, and laboratory round. I have some lecture about HIV or bacteria in English.

I am surprised at two things in this department. One thing is that In Thailand, there are many HIV patients. I can see about 20 HIV patients at HIV clinic in one morning. And they are not deferent from ordinary people. I thought HIV is popular in homosexual people, but Doctor told me that

most of the patients are heterosexual in Thailand.

Another thing is that there are many TB patients. They are not isolated and Doctors did not protect themselves. In Japan, we isolate the TB patient and we must wear N-95 mask when close to them. So I am very scared when I see TB patients in the ward or outpatient department.

Department of Trauma Surgery

Next two week, I studied in department of trauma surgery.

I was in the out patient department in the morning, and special clinic like burn, hand or facial clinic in the evening. Many professors, doctors and residents take medical history, examine and treat patient in this department. I saw a lot of case like burn wound, animal bite(the most common injury in Thailand), born fracture, facial fracture, traffic accident and wound infection. Especially I am surprised that many patients have burn injury and some of them suffer burn covering more than 50% of the body surface area. I have opportunities to look on surgery of burn injury which I have never seen in Japan.

The doctors let me shave the burned skin. It's interesting for me because it is rare in Japan .

Leisure time activity

We went to many temples, museum , traditional show, nice restaurants, shopping mall, Thai massage, Golf course, Muay Thai(Thai style boxing) , and so on. We went outside every night! There are many pleasures in Thailand, so I never got bored.

Thai medical student are very kind. They showed us over the tourist spot and nice restaurant. They also teach us how to live in Thailand.

During our stay, Thailand had the Songkran Festival. Thai people celebrate the traditional Thai New Year's day with "Songkran" festival. It is custom for Thai people to celebrate the day by throwing water on each other. People throw water with water pistol on passers-by and even on tourist. So, we played water gun battle. It's very nice experience.

Conclusion

Thailand is developing country, so quality of medicine is lower than Japan and common diseases are different from Japan. Japanese are rich, so almost all medicine are available,

but Thai people are poor, so they cannot afford expensive care. Doctors in Thailand are forced to compromise, and they do their best in limited healthcare resources. I learn the reality of the medicine in developing country.

I really enjoy this program. In this program, I came in contact with many Thai people. Different cultures have different way of thinking. Especially religious faith is different notably from Japanese. When I saw many Thai people and Thai medical students kneeled to the Buddha, I experienced what the religious devotion is. Cross-cultural communication is interesting, so I want to study English more and more!! At the end, I appreciate to everybody concerned with this program. I never forget this experience, and I try to make this program profitable in my life. Thank you.



Farewell party at Infectious Disease Department

Siriraj Hospital, Mahidol University
Bangkok, Thailand
Kosuke Sasaki

1. Introduction

This spring I had an opportunity to join the exchange program for Siriraj Hospital in Thailand. I stayed there from April 2nd to 29th with Ryo Miyoshi, Yuki Ozawa and Makoto Hayashi. Ryo and I studied Trauma Surgery in the first 2 weeks and Infectious Disease in the last 2 weeks. Yuki and Makoto studied Infectious Disease firstly and Trauma Surgery secondly.

2. Object

I apply for this exchange program for mainly three reasons. Firstly, Siriraj Hospital is one of

the largest hospital in Asia and I would like to know what medical services they supply in such a largest hospital. Secondly, I am interested in Infectious Disease & Tropical Disease and I would like to learn such diseases as I can seldom see in Japan. Thirdly, I love Thailand very much and would like to learn more about Thai life.

3. Trauma Surgery



We learned at Trauma Department in the first 2 weeks. There is morning round every day and it starts at 7:00 a.m. In this round, doctors and students talked each other about patients' condition and treatment. They spoke Thai but anyone always explained to us in English. Their English is very fluently and good because they learn English from primary school. They have out-patient clinic after morning round. There were many patients with traumatic wound. In Thailand, the most common traumatic injury is motorcycle accident and second is dog bite. We were very surprised at the so many dog bites. In fact you can see many feral dogs on the street, on the park and on the premises of hospital. They have three special out-patient clinics besides normal out-patient clinic. These are facial clinic, hand clinic and burn clinic. We could also see the surgery and the most impressing surgery was burn surgery. The doctors peeled burned skin of both legs. I have never seen such a surgery and was so shocked.

4. Infectious Disease Department

We moved to Infectious Disease Department after Songkran Holiday (National Holiday in Thailand from April 13th to 17th). We took part in morning round, HIV clinic, Infectious Disease (ID) conference and Microbiology Laboratory.

In morning round, we saw many patients

with HIV and another infection or disease. Of all the AIDS associated opportunistic infections, miliary tuberculosis is the most common infection. Tuberculosis makes cyst in brain or spinal cord and often destroys central nervous system. So we learned how to treat miliary tuberculosis as well as how to treat HIV.

On Tuesday, there is out-patient clinic named HIV clinic. There were so many HIV patients making a long line to see the doctors. Of course professor or attending doctors see the patients, but residents also see the patients in HIV clinic and consult their senior doctors about difficult problem. We attend HIV clinic and followed professor. He explained in detail how to use anti-viral drugs and what are the important signs about controlling the virus. In Thailand, patients are relatively poor so we cannot use new anti-viral drugs because of high cost. So it is very important not to make drug-resistant virus.

There are various HIV patients. Some work in the sex business, others stay at home. And I was very surprised at the fact that there are many patients who are monk. Professor told me that they were infected by tattoo and three were many other patients who infected HIV by tattoo.

5. Daily Life

While we were in Thailand, we stayed at the hospital dormitory. 4~6th grade students and residents live in this dormitory too. There were four beds, desks, closets in a room. And there was air conditioner so we could spend very comfortable life. We made friends with some students in this dormitory and they showed us the facilities of hospital and restaurants or shops nearby the hospital. In the hospital, there are some cafes, restaurants, convenience stores, sports gyms, tennis or front courts and so on. We often went to sports gym and did exercise.

We went out into the town every evening, and had dinner or went shopping. As prices are low in Thailand, we could eat or buy what we want freely.

6. Conclusion

We could get many experiences which we cannot get in Japan. Especially Thai students were very kind to us and showed us many places around Bangkok and Thailand. Besides they were very diligent and always eager to

learn medicine. I respect for this attitude toward medicine and will attend clinical practice more eagerly. And at the last, I would like to appreciate to Prf. Kawabata, Ms. Thongthip and especially Ms. Miwa, who gave us such a great opportunity for this exchange program.

Exchange Program in Dong-A University 2011 Yasuhiko Kawaguchi



1. Greeting

First of all, I would like to appreciate everyone concerned in this exchange program, especially Prof. Hayasi, Prof. Choi, and Ms. Miwa, who made a great effort to make this program fruitful and enjoyable. Now I want to write down what I saw and experienced in Korea, not only about my clinical practice but about Korean culture for my juniors and all the people concerned in this program.

2. Introduction

I attended clinical practice as a student doctor in Dong-A University Hospital for 2 weeks from 4/7/2011 to 15/7/2011. Dong-A University Hospital is a representative general hospital of a private university in Busan, second biggest city in Korea. It is 1000-bed hospital and has 32 departments. It can be characterized by its robot-assist surgery with Da Vinci S Surgical System. I rotated 3 departments; plastic and reconstructive surgery(PS) for 5 days, General surgery(GS) for 3 days, and neurosurgery(NS) for 2 days. The schedule in my clinical practice was as follows.

2/7/2011-15/7/2011						
Sat	Sun	Mon	Tue	Wed	Thu	Fri
Day-2	Day-1	day1	day2	day3	day4	day5
sightseeing		PS				
day6	day7	day8	day9	day10	day11	day12
sightseeing		GS			NS	

3. Plastic and reconstructive surgery (PS)

I chose PS because I wanted to observe transgender surgery. PS in Dong-A University is famous for its transgender surgery. Professor Kim, the chairperson of the department of PS is the only PS professor performing female-to-male transgender operation for gender irregularity patients in Korea. So he is famous as to make the front page of the TIMES.

	day1	day2	day3	day4	day5
8:00		op observation	op observation	op observation	op observation
9:00	greeting	fat injection	platoplasty	zygoma complex fracture	abdominal irregularity
10:00	op observation	breast reconstruction (LD flap)	assymetrical eyelid		rhinoplasty
11:00	corrective rhinoplasty	nose deformity after rhinoplasty	maxilla fracture	outpatient	mammoplasty(t transgender) with TAH and BSO
	orbital fracture				
18:00			round		round
20:00	dinner(with NS Prof.)		dinner(with PS Dr)	dinner(with NS Prof.)	dinner(with PS Dr)

Every day I observed many operations including cosmetic ones. However, to my regret, female-to-male transgender operation was not scheduled and I could not observed this operation in my clinical practice. So, Kim Tae Heon, chief resident in PS was so kind to give me a short lecture about it.

And on Wednesday and Friday, I participated in dressing and evening round. To my surprise, Korean doctors touched scar without wearing gloves. I worried about infection from HBV and other viruses or bacteria.

Only on Thursday I observed outpatient department. Then I could observe some gender irregularity patients after female-to-male transgender operation. They almost look like lady, but they think they really are men at heart. They are struggling against gender identity disorder. I was so confused to see them.

I heard that many doctors didn't agree with and dislike transgender treatment. However, the only hope for these patient is this kind of surgical treatment, and limited proportion of plastic surgeon can deal with it. In my opinion, we should show greater tolerance toward this type of medical treatment. Through my clinical practice in PS, Kim Tae Heon always cares about me. I appreciate him for his kindness.

4. General surgery (GS)

I chose GS because I wanted to compare

	day8	day9	day10
7:30	round	round	round
8:30	op observation	op observation	op observation
	LC	Lapa. hernioplasty	total colectomy (2 nd assistnt)
	LADG(B-1)	PHS hernioplasty	LAR(2 nd assistant)
	LADG(B-1)	intraabd. Mass	
	TG(2 nd assistant)		
19:00	dinner	dinner	dinner
20:00	emergency OP	seminer	
	i.p. Abscess		

general surgery in Japan and that in Korea. GS in Dong-A university is composed of 5 groups; hepato-biliary-pancreatic, upper gastrointestinal, lower gastrointestinal, thyroid and hernia, breast ones. Moreover, they deal with organ transplantation including renal transplantation. They perform 2400 operations per year. This is about 3 times the number in Kobe university. GS in Dong-A hospital is famous for its gastric and colorectal surgery.

Kim Min Chan, the professor in upper GI division, is one of the most famous surgeon in Korea. He is star surgeon. The number of the operation of gastric cancer he has performed is over 1000. This number is 4th largest in Korea. His specialty is minimally invasive surgery such as laparoscopic surgery and robot assisted surgery. Since I want to major in minimally invasive surgery as him, I was happy to talk with him. Not only about surgical topics, could I also talk about clinical education in Korea. Different from Japan, Korean medical students can join medical care practically. For example, they join operation as 2nd assistant. In laparoscopic surgery, they can join as a scopist. Korean doctors was so kind, so I could join operation and can get many chances to assist doctors and tie or suture like a korean medical student.

Then I'd like to talk about differences between Japan and Korea. I think there is almost no difference in approach to treatment; same operative method, same surgical devices. However, minimally invasive surgery is more widespread than in Japan. In Dong-A hospital, almost all the cases they performed laparoscopically. The most important thing is that Korean doctors are more passionate to innovate minimally invasive surgery than Japanese doctors. I was so impressed.

Finally I appreciate Prof. Young Hoon Kim, professor in GS, hepato-biliary-pancreatic

division. He was so kind to teach me about minimally invasive surgery and took me to sightseeing spot.

5. Neurosurgery (NS)

	day11	day12
8:00	op observation	
10:00	meningioma craniotomy	op observation
		IC aneurysm coil embolization
17:30	dinner	dinner

At first I didn't plan to rotate NS, but thanks to Prof. Choi's kindness I could rotate NS. I observed 1 craniotomy and 1 endovascular treatment. Both was almost the same as those in Japan. NS doctors told me that Mr. Takanori Fukusima, a famous Japanese neurosurgeon, gave them expensive bipolar electrical scalpel when he was invited to perform operation. I was a little happy to hear this story, thinking that a Japanese doctor helps Korean people.

6. About Korean doctor

In Korea, there is 2 ways to be a doctor. One is to graduate 6-year medical college. The other is to finish 4-year medical course after graduating 4-year non-medical university. I heard that 30 to 40 percent of the medical student choose the latter course, because it is very difficult to pass the entrance examination for medical college.

After they graduate medical college or medical course, they work as a intern for 1 year. In intern period, they have to rotate about 10 departments in a year. And 4-year resident program follows. Compare to Japanese system, Korean young doctors are busier and have less time to take a rest. Moreover, then they take the examination for specialty license. If they pass it, they can work as a specialist physician.

Different from Japan, male Korean doctors have to do their military service for 3 years. Most of them serve in the army after they get their specialty license. In the army, they work as military physician in the military hospital. After they finish their service, they open their own clinic or work in a university hospital or general hospital.

7. Korean medical condition

I emphasize 2 points on Korean medical condition which is different from Japan.

First, many specialized nurse, 'Physician assistant(PA)', works on operation in Korea. They are a kind of nurse, but they can join and work in operation like doctors. They can assist the operator; tie, suture, stop the bleeding by using surgical instruments, hold the laparoscope, and so on. Essentially, nurses are not allowed to provide medical treatment, but at some branches such as surgery, they are permitted because young staffs are not enough. I think this system is hopeful also in Japan because the number of doctors are insufficient, especially in surgical branches.

Second, Korea has some latest and huge medical centers. In Seoul, they have 4 over 2000-bed hospitals. For example, Severance Hospital of the Yonsei, and ASAN Medical Center. Since they can afford to deal with many cases, many patients visit them and consequently doctors in such hospitals can accumulate experiences effectively. During my stay in Korea, I visited ASAN medical center and toured it. Looking at from outside, it was like an airport. So gigantic!!

8. Conclusion

I appreciate again everyone concerned in this exchange program. I spent precious time with Korean doctors. I could study not only medicine but Korean culture. And for my juniors, if you don't have confidence in your English skill or medical knowledge, you don't need to worry about it. What matters is to try anything you want to do. Be sure to get special chance!

University of Pittsburgh Medical Center
Family Medicine
Tina Murakami



With Dr. Takedai

1. Introduction

	Day 1	Day 2	Day 3	Day 4	Day 5
Week 1	Morning	FHC	Ward	Ground Round	FHC
	Afternoon	Orientation	FHC	Didactic Sessions	FHC
	Evening	FHC	FHC	FHC	
	Day 8	Day 9	Day 10	Day 11	Day 12
Week 2	Morning	FHC	Orthopedics	Ground Round	FHC
	Afternoon	FHC		FHC	FHC
	Evening	FHC		FHC	

From September 19th, I had an opportunity of 2 weeks externship at University of Pittsburgh Medical Center, Shadyside Family Health Center. This externship was offered for learning family medicine. Actually, this department is still not so major in Japan so that I could have a great impression and more interests in primary care.

2. Object

Studying abroad had been the one of my longings. It is not so easy if you start from the application of the externship in a foreign country. However, Kobe University offers some programs and fortunately I could get the tickets to Pittsburgh. I had three reasons why I applied this externship. Firstly, I wanted to know more about family medicine. Secondly, I would like to go to the English-speaking (as a mother tongue) country to improve my English. Thirdly, I just like to go out to new places!

I want to speak a little more about the first reason. Of course, I have heard and learned the term of family medicine, but I couldn't understand enough to explain the necessity or identity in Japan. So I summarized some questions as tasks to find answers through the externship.

Questions

- 1) What is the original role of family physicians?
- 2) It has been a major department in United States but not in Japan. What has prevented family medicine from spreading in our country?
- 3) We really need family doctors or general physicians in Japan? And then, what should we do to make them major?



3. Schedule

At FHC (Family Health Center), I shadowed residents to examine outpatients. Because I preferred it to working at the ward, my externship was almost done at FHC. Residents of family medicine had their own consultation hours, and medical students including me followed them. You may possibly think that observation is not so interesting... but at FHC, it was not like that. I could see a variety of patient's complains and doctor's treatments. Sometimes the session is like a case study, so that I considered different diagnosis from Patient's chief complains.

At Ward, I followed a resident and see his inpatients. There were patients with complex problems. I think this ward is not so different from the department of general medicine at Kobe university hospital.

On Thursday morning, Ground Round is held at the auditorium. Each time, different subjects are taken up. I learned aspiration on Day 4 and liver diseases on Day 11. Not only the contents of lectures, you can learn the way of presentation.

By the way, on Day 9 and 10, I had an externship at the department of Orthopedics. Thanks to the professor of Kobe University, I could get a precious chance to see doctors who are working at laboratories. Three orthopedists are now in UPMC from Kobe university hospital. They don't have a medical license of U.S, so they are working as researchers. When Japanese doctors want to work in abroad, they have two choices, residents or researchers. I could see both of them in Pittsburgh, and know that they are totally different in jobs, lives and goals.

Externship at orthopedics was really lucky for me, so I'm sorry that I cannot say whether



Examination room

juniors see the other departments of UPMC or doctors from Japan. But if you get a chance, you should see both residents and researchers to help to think your own future career in abroad.

4. Family medicine

What is the original role of family physicians? My image of family medicine had been just a general physician. Maybe it is not wrong, but not enough to express them. Family physicians are "generalists" not only for any kind of diseases but also for a variety of people and whole lives of patients. They see all the people with various complain. From birth to death, you can see your own physician for primary care. Actually, I saw a one-day baby and her mother after delivery and the other day, over 90-aged woman with lifestyle diseases. Family physicians can be attending doctors through patients' lives, so they have to know patients very well and patients can feel easy about health problems. It is an ideal style of family medicine.

It has been a major department in United States but not in Japan. What has prevented family medicine from spreading in our country? The answer is not so simple. Social and educational systems are based on this problem. Additionally, it is often said that patients in Japan prefer specialists to generalists because most people don't know what a generalist is. Of course, people in Japan also need primary care. In many cases, private physicians have played the role regardless of their specialties.

We really need family doctors or general physicians in Japan? And then, what should we do to make them major? If you have a back-pain, fever and rash, which doctor is the best to see? Some alternatives will be in your mind, and in many cases, your choice has no



Ward

problem. But sometimes it is difficult to choose the department to get a correct diagnosis and treatment, and you know the delay to see a proper doctor can lead worse results. I felt these unlucky cases can be decreased with family medicine, because it can be a portal department of treatment with systemic knowledge and high ability of diagnosis.



Family Health Center (FHC)

In Japan, not a few doctors have to work over their specialties. Both doctors and patients don't hope the situation like that because it leads to make doctors exhausted and lower medical quality. I think family medicine can be one of the answers to solve this problem. The reasons why I think so are next two. First, family physicians are attending doctors of systemic problems. Second, they can manage and consult beyond any departments. .

To make family medicine major, firstly, we have to know it. So, education for medical students, for doctors or medical workers, and for people is the most important. Then, we should make training courses and department of family medicine. It is difficult to start something new in almost mature society, but I think family medicine is worth spreading.

5. Pittsburgh

City Pittsburgh has a lot of bridges (almost 446!) and some famous universities. The scene with rivers and bridges is so beautiful. Historically, it is known for steel industrial city. But today, Pittsburgh is the intellectual city of healthcare, education, technology, and so on. You can see some zones with various characteristics. In Downtown, there are many high-rise buildings, restaurants, department stores and theaters. In Oakland, it is an area of universities, you can enjoy the atmosphere of student's quarter. In Shadyside, lovely houses and a cozy street, Walnut St, will



With doctors

welcome you.

Stay I stayed at Courtyard by Marriott Shadyside. I recommend this hotel to juniors because it locates only a little way to Shadyside hospital. Around the hotel, it is a quiet residential area. There are supermarket and some casual diners within the walking distance.

Activities I enjoyed a classic concert at Heinz hall in Downtown. Pittsburgh Symphony Orchestra is one of the major orchestras of United States. Its main hall, Heinz hall is gorgeous, and attractive programs are on available. I also had fun at Heinz field. This big stadium is a home ground of Panthers and Steelers, teams of American football. In United States, almost everyone loves football, especially their local teams. I enjoyed a game of Panthers, University of Pittsburgh team. It was just a college league game, but it had a enough power to make me exited. I think football is unique culture of U.S, so you can make a special memory if you watch a football game!

6. Conclusion

Through this two weeks program, I can get wonderful experiences and the opportunity to think my future and family medicine. I gained my interests in family medicine and working in abroad as a doctor. Thanks to all the people I saw in Pittsburgh, I could really enjoy the externship. I would like to express my appreciation to everybody giving me this precious chance and memories.

Sir Charles Gairdner Hospital, University of
Western Australia, Perth, Australia
28/11/2011-9/12/2011
Sonoko Ishida



1. Introduction

In my last year as a medical student, I had a chance to practice in a hospital overseas through a program in my university. I chose University of Western Australia because it requested the highest English skills. I wanted to test my English if I could communicate with medical staffs and wanted to see medical scenes outside Japan.

I applied to the University of Western Australia to do my elective in a surgery department. I was attached to the Liver and Kidney transplant unit in the General Surgery department of the Sir Charles Gairdner Hospital. There were four other units in the General Surgery department, Breast, Upper Gastrointestinal, Colorectal, and Trauma. Liver and kidney transplant unit does the transplantation and the liver surgery such as hepatectomy.

2. Schedule



My ID card

3. In the theater

I was able to see couple of surgeries and even did an assistant in two of them. I was also able

to see few surgeries in the other units. The surgeries that I saw are as below:

Laparoscopic nephrectomy (Donor of kidney transplantation)

Kidney transplantation (CKD, Fanconi syndrome)

Hepatic segmentectomy (Hemangioma)

Inguinal hernia repair

Reconstruction of peritoneal dialysis catheter

Distal pancreatectomy and splenectomy (Mucinous cystic neoplasm)

Laparoscopic cholecystectomy

Distal gastrectomy (Perforated gastric ulcer)

Hepatic segmentectomy (Colorectal cancer metastasis)

	A.M.	P.M.
28/11 Mon.	Outpatient Clinic	Surgical Ward Meeting, Ward Round
29/11 Tue.	Ward Round	Scrub-In Practice, Theater
30/11 Wed.	Ward Round, Theater	Theater
1/12 Thu.	Theater	Theater
2/12 Fri.	Emergency Department	Emergency Department, Theater

	A.M.	P.M.
5/12 Mon.	Outpatient Clinic	Surgical Ward Meeting, Ward Round
6/12 Tue.	Ward Round	Theater
7/12 Wed.	Ward Round, Theater	Theater
8/12 Thu.	Laboratory Practice	Laboratory Practice
9/12 Fri.	Emergency Department	Emergency Department, Theater

Appendectomy (Perforated appendicitis)

I was able to do the assistant in the distal pancreatectomy and splenectomy, and the appendectomy. The perforated appendicitis was from the emergency and I was able to see from the diagnosis through to the surgery. In fact, the patient's BMI was over 45 and I had never seen a surgery of this size. It was a very interesting case.

4. In the ward

While in the ward, I was with a team of two senior doctors and two intern doctors and an Australian medical student and an international medical student like myself from Jordan. The rounds were similar to our hospitals, and we took care of pre-operation and post-operation patients.

The hospital was using paper progress notes and pagers so someone (especially young doctors and students) was always rushing for spare sheets and telephones. But the doctors and even the patients let us students to



City of Perth, from the Kings park

practice things such as putting the catheter in. The patients knew that we need practice and experiences very well. Also the Australian



With Mr. Mitchell in the theater

three students talked about their home town, medical education in each countries, how school is like, and so on...

I thought this opportunity was one of my best experience during my elective. We talked and the Australian student helped us using English and taught us medical terms. Even if I didn't know the name of the disease, we talked about the symptoms, the patients back ground, and the treatment, and things that might be a hint of the disease, then I could guess the diseases name in Japanese in my head. It was like diagnosing and doing it in English was a very good training for me. After I got back to my hotel, I would check up my textbooks to finally get the answer and that became my everyday homework. It made me think and use English words so I was able to keep in touch with English whole day long.

5. In the laboratory

I had a chance to see a laparoscopic training using an alive pig. The head doctor of the

kidney transplant section was trying to develop a method for laparoscopic kidney transplantation. In Australia, they have strict rules to use animals and it was a second time for the doctors to try with an alive pig. I was able to do the job of handing instruments to the surgeon.

6. Perth

The city of Perth was a very clean place and the buildings were beautiful as they looked like old European style. They had free buses running through the city to reduce the number of cars. There were many beautiful parks and each was the size that you can't imagine in Japan. I stayed at a hotel, 20 minutes bus ride from the hospital, and it was by the river. In summer days, Perth don't have much rain but the seabreeze gives us cool air so it was absolutely perfect to stay. I didn't do much sightseeing but riding a bike through the parks and taking a walk was such a wonderful time.

There were no Japanese doctors working in the hospital but there were many Japanese people in the city. There were many Japanese restaurants and sushi is now very popular in Perth. You can find sushi even in the hospitals cafeteria, and on every streets in the city! I was amazed that Australian people living in Perth use chopsticks so well!! But the sushi was mainly rolls, like calfonia-rolls, and they had dried tomato and tasty meats in it. I tried to find raw fish but I could only find a small amount of salmon. Actually, I couldn't agree that they are having real Japanese sushi. But everyone thought that that is the Japanese style. It was interesting to see how different culture is introduced to another foreign country. Well, I liked the Australian-Japanese-sushi.



Everyone's from different countries

7. Conclusion

I really had a good experience during my elective and I felt 2 weeks is too short to stay. In the hospital, there were so many international students from all over the world. There were also many doctors and co-medical people who come from a different country such as China, India, Indonesia, France, England, Ireland, Canada and so on. And it was really a shame that everyone has studied medicine in English except me. I don't think that we should change our textbooks or classes to English straight away but I was sure that Japanese medical students need much more chances to learn medicine in English. I also need to study and I would like to keep this mind further on.

Last of all, I would like to thank everyone who supported my elective term in Australia, especially Ms.Miwa in Kobe University and Mr.Mitchell, the head of the surgery department in Sir Charles Gairdner Hospital. The miracle thing that happened was me and Mr.Mitchell used to go to the same primary school in Melbourne, Australia! The world is indeed small!

Special Clinical Electives Programme in National University of Singapore Kentaro Yamashita

Last September I went to Singapore to have clinical training at National University of Singapore for three weeks. Purposes of this trip were to know how they do medical treatment and what different culture from Japan there is in Singapore.

This is the hospital "National University of



Singapore" where I went to have training. It's very large hospital because it is the only national university hospital in Singapore. Many department are divided in the hospital and they conduct advanced medical treatment there.

Now I will introduce my progress in cardiology department in a day.

My one day's work started at Coronary Care Unit (CCU: left above) at 8:00 am. After exchanging greetings to all the staff in CCU, we went the round of all the patients in CCU. There were many patients who had bad condition and received intensive care. Most of them were patients of acute myocardial infarction (AMI) post stenting. But there were a lot of patients else like pulmonary embolism, mitral valve regurgitation, myxoma and so on. Through the round I had been told to ask as many question as possible to my mentor (Dr Anand: right above). I asked him much about how to control for patients in CCU and I have learned much. For example, it is natural for us to check enzymes, hemodynamic status and hematoma about post stenting AMI patients. However some patients has arrhythmia. We must prescribe medications after considering all the factors.

My mentor Dr Anand was often summoned to appear by emergency department (above). Of course I followed him. On arriving there we checked the patients' state at first. We asked them detailed questions about their symptoms and recorded my mentor's observations. Next we checked electrocardiogram (ECG) and enzymes. If necessary we listened to them with a stethoscope. In all the process I was making an effort to state my opinion and asked my mentor for advice. I could experience many cases of the emergency medical-care



system which was too many to be true.

At noon we received teaching about circulatory organ diseases every day in the lecture room on ninth floor (left above). I could have a fine view from this room (right above). At that time we could acquire more knowledge having lunch. While I visited to the hospital, there were lectures about how to look at ECG of arrhythmia, treatment of cardiac failure and management when finding mass in heart, for example. Many doctors tried to educate their juniors in NUS.

In the afternoon we often went to clinic (above). The clinic in Singapore is characterized by high populations of Chinese patient. Because my mentor Dr Anand is an Indian, he cannot speak Chinese. Therefore we needed an interpreter. So they often gazed at me because my face looked like Chinese face. Of course I cannot speak Chinese, so I had to decline their expectations. By calling a secretary for help who could speak Chinese the clinic was being carried out successfully. I was helpless in the situation of non-English conversations. But there are many Chinese who can also speak English. Considering a lot of race in Singapore, I thought an ability in communicating in English was all the more important.

That's all for my activities in a day. Next I will state about Singapore culture a little. I went to Merlion Park which is symbol of Singapore (left above). It is a powerful building. But a lot of high buildings back of Merlion are also magnificence. Both of them shows rapid growth of Singapore. I went to Sultan Mosque which is Islamic temple (right above). Many believers were praying the grace of God enthusiastically. I was even impressed with states of believers.

I learned much in Singapore and in NUS. Even if I become cardiologist, I have to

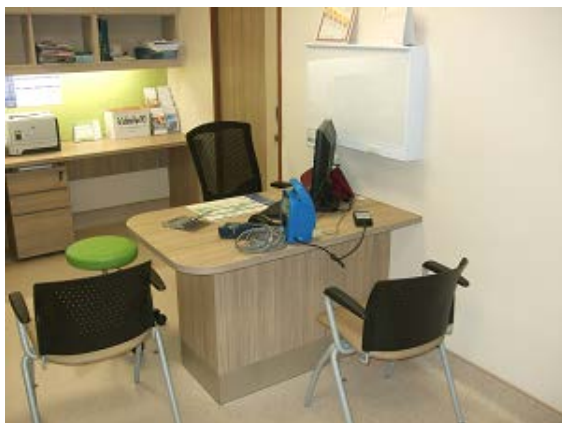


memory a lot of knowledge. Without rich knowledge, I cannot manage even one department because in CCU, for example, not only knowledge about coronary disease but also knowledge about arrhythmia, valvular disease, pulmonary disease, and so on are needed. Further more in emergency department I am requested for faster and more accurate indication. Therefore I have to work hard at studying medicine. And also I'm considering working not only in Japan but in foreign country. If so, it will be more important for us to be able to communicating in English. So I have to study English in addition to medicine. I had very precious experience in Singapore, and I could have interest clinical program in Singapore and have the will to working abroad in the future. I am deeply grateful to my mentor, other doctors in NUS, other people for their kindness.



My practical training in America Kazuhiro Minami

“ You see nothing.” This is the word that I was said to by one professor and that impresses me most during my stay. When we go outside, we may see many things such



as buildings, rivers, trees, and so on. But, this means we simply ‘see’ them and this doesn’t mean we observe carefully or have some insight into them. So, the professor’s word “You see nothing.” means we should have some insight into all kinds of things. By doing so, we can find something new.

By the way, let me talk about my practical training in America. From Sep. 30 to Oct. 7, I was studying medical economics and American public health in Washington University, which is located in Seattle and in Harvard medical university, which is located in Boston.

On the first day, I went to Washington University. I think not so many Japanese people know about this university, but in America, Washington University is famous for its achievements in many fields. At Washington University, I experienced many things which I can’t experience in Japan. Especially, I was surprised at the scale of clinical research. Not only doctors but also other healthcare professionals were conducting many clinical researches very actively. In the clinical research center, I met with one of the researchers, talked with her and felt a kind of her professionalism. In spite of my short stay in Washington University, I saw, learned and felt many things which I think I can never experience in Japan.

After I left Seattle, I went to Boston and stayed there from Oct. 1 to 7. Apart from the report about my practical training in Boston, let me talk a little about Boston city. How beautiful this city is! This is my first impression about Boston. Elegant buildings, Charles River, Fenway Park, everything is very nice and has its own unique attractiveness. It might not be too much to say that Boston is just like Kyoto.

In Boston, I visited Harvard medical university. Harvard university is, of course, one of the most famous and the greatest universities in the world. There, I met with Professor Hsiao, who is one of the most famous public health scientists in the world, and I talked with him about American public health and differences of insurance system between Japan and America. Thanks to the discussion with professor

Hsiao, I can develop my understanding of Japanese insurance problem, and I have come to think about the problems more seriously.

After I visited the Harvard medical university, I went to Tufts medical university, which is located in the center of Boston. Tufts med-university is also famous among Americans and if I compare Harvard med-university to Kyoto med-university, Tufts med-university is just like Kyoto prefectural medical university. At Tufts med-university, I learned more about clinical trial. Clinical trial is not common in Japan, but in America, everyone knows about it and even in a train, you can see advertisement of clinical trial volunteers. It seems that in Japan we should also gather enough volunteers to conduct much more clinical researches, but if we do so, we will face many problems. For example, can we protect their privacies well or is it ethically permitted that they receive the money as a reward for cooperating with clinical trials? It is true that clinical trial is essential to progress in medicine, but we must think about such problems seriously in conducting clinical trials.

Through practical training in America, I learned and experienced many things. From now on, I intend to make good use of this valuable experience and work in an international capacity.

In conclusion, I am extremely grateful to those who made arrangements to my practical training in America.

**University of Washington, Harvard
University and Tufts University—
Yumi Kawata**

1. Introduction

I took the program of the studying in Boston from September 30th to October 6th, with 2 classmates. In this program, we visited many hospitals and laboratories in University of Washington and Boston, and got lectures. Besides the lectures I had many opportunities of thinking about health economics, aging society, disaster and emergency medicine and so on with my classmates.

2. University of Washington

We visited University of Washington in Seattle. First, we went to the Medical Center.

In this center many clinical trials were carried out on patients to make sure that a new drug that is being developed is effective and safe. To my surprise, not only the doctors but also patients were positive with clinical trials. One reason is that the patients who are in the clinical trials get some compensation and I think this is a reasonable way to gather the participants.

3. Harvard School of Public Health

We went to Harvard School of Public Health and had the lecture by Dr. James Butler who works in Harvard School of Public Health.

In this program, we got lectures about healthcare systems and clinical research by some researchers. Every researcher was kind enough to spare his valuable time to give us a lecture and answer our questions. I had little chance to learn about healthcare systems or clinical research in Japan, so all the lectures were exciting to me.

4. Tour in Boston

There are many famous hospitals in Boston such as “Massachusetts General Hospital”, “Children's Hospital”, and “Joslin Diabetes Center.” With Dr. Kamae as a guide, we looked around these hospitals. I was shocked to know that all these world-famous hospitals were in a small area.

5. Culture

We visited many cultural spots in Boston. We went to the Boston Museum and Fenway Park.

I went to MIT, one of the most famous universities, after the program and I enjoyed



the academic atmosphere very much.

6. Conclusion

Japan has the universal healthcare system, and everyone can access to medical care anytime anywhere with low price. As a result we sometimes forget the importance of the healthcare system and most medical students are interested in technical medicine and not in public health. But we should keep our eyes on the healthcare system because it must become difficult to hold the universal healthcare system in our aging society. And we have to learn and search for other systems. On the other hand, the US becomes interested in the universal healthcare system in Japan because the Japanese still live longer than anyone else. Through this program, I found that both Japan and the US had problems and a lot of things to learn from each other in medical field.

Finally, I would like to express my appreciation to Dr. Kamae, Ms. Kamae for spending much time and efforts for this program. I also thank Ms. Miwa and all staffs involved with this program for giving us this great opportunity..



