

平成 24 年度
医学科学生海外派遣報告書
個別計画実習第 I 期派遣



平成 24 年 7 月
神戸大学医学部医学科



目 次

I. 派遣報告書

学生氏名	派遣先大学名	ページ
井 本 寛 東	東 亜 大 学 校	1
金 本 義 明	東 亜 大 学 校	6
榊 原 尚 子	国 際 医 療 大 学	9
辻 田 有 志	国 際 医 療 大 学	16
中 田 有 紀	マヒドン大学ラマチボディ病院	22
中 野 温 子	マヒドン大学ラマチボディ病院	27
岩 下 和 真	マヒドン大学シリラート病院	32
田 和 宏 之	マヒドン大学シリラート病院	40
森 達 男	マヒドン大学シリラート病院	47
庄 野 阿 侑	シンガポール大学	52
住 本 恵 子	シンガポール大学	56
米 延 友 希	ハ ワ イ 大 学	61
空野すみれ	ハ ワ イ 大 学	68

**Exchange Program 2012
Dong-A University Hospital
Busan, Korea**



**April 2-13, 2012
6th year student, Kobe University, school of medicine
Hiroharu Imoto**

Contents

1. Introduction
2. Schedule
3. Chest surgery
4. General surgery
5. Conclusion

1. Introduction

Dong-A university hospital is located in Busan, the second largest city in Korea. Dong-A university and Kobe university have kept exchange program for about 20 years. I would like to appreciate everyone concerned in this exchange program.

I wanted to participate in this program when I was 2nd grade Kobe university student. At that time I studied Korean culture and language because I was interested in Korea. So, this exchange program is a big chance for me and wanted to study medicine in Korea.

My purpose of this program is 1) to talk with a lot of people in Korean, 2) to see the difference between Korea and Japan from the point of view of medical care, 3) to learn surgery at the chest surgery and general surgery department in Korean language.

2. Schedule

1st week: chest surgery

	A.M.	P.M.
4/2 Mon.	a reading circle, morning round operation	lecture
4/3 Tue.	a reading circle, morning round operation	operation
4/4 Wed.	a reading circle, morning round operation	operation
4/5 Thu.	a reading circle, morning round operation	E.R. case conference (TOF)

2nd week: general surgery

	A.M.	P.M.
4/6 Fri.	The 36th Congress of The Korean Association of Hepato-Biliary-Pancreatic Surgery (Dae-Gu city)	
4/7 Sat.		
4/9 Mon.	morning round operation	operation
4/10 Tue.	morning round operation	meet the dean of the medicine
4/11 Wed.	Public holiday for general election	
4/12 Thu.	morning round operation	operation
4/13 Fri.	free time, prepare for return to my country	

3. Chest surgery

In the first week, I visited Chest surgery department. They read an English text book about surgery and some papers from 7:00AM and started morning round at 8:00 AM (pic.1). The doctors explained the conditions of the patients and the operation in Korean, English and Japanese. Some doctors can speak Japanese.



I watched some operation for aortic dissection, AVR, ASD, CABG, interpolation of the pacemaker. The operation of the ASD which I saw was minimally invasive procedures. The operator incised skin about 5cm and went on the procedure.

The resident doctors of the chest surgery are very busy and cannot go back to their home for 4 years. I heard the problem that the number of the chest surgery doctors is decreasing in Korea. However, the chest surgery doctors said, “Chest surgery doctors can treat and save the dying patients.” I think this is a very attractive phrase to become a chest surgeon.

4. General surgery

In the second week of this program, I participated at the general surgery department. The department is composed of hepato-biliary-pancreatic, upper-gastrointestinal, lower-gastrointestinal, thyroid and hernia and breast ones.

They often use laparoscopy for the operations (pic. 2). Especially, Dr. Kim Min Chan (pic. 2, left) is one of the most famous surgeons in Korea in upper gastro intestinal division. One day, he operated four cases of gastrectomy.

I saw some practice nurses (pic. 2, middle) assist the procedures in operation room. They hold the organs or suture the skin.

Thanks to Prof. Kim Young Hoon, I could attend the congress of the Korean association of hepato-biliary-pancreatic Surgery (Dae-Gu city) with him (pic. 3). The topics in the congress were hepatic resection, surgical strategy of intrahepatic cholangiocarcinoma, pancreatic body and tail ductal adenocarcinoma, donor hepatectomy, etc. All of the speakers gave a presentation in English and some foreign doctors were invited and presented at the congress (pic. 4).

I learned a lot of things about laparoscopy in general surgery week. Prof. Kim Young Hoon told me that using laparoscopy is for the patients.

Laparoscopic surgery need skill but it is better for patient's hospital stay. I think that is important thing and want to practice laparoscopy when I become a surgeon.



5. Conclusion

First of all I would like to appreciate Prof. Choi (pic. 5, left) and all the people who gave me this opportunity and big kindness.

I learned Korean medicine in the point of surgery. I heard that more and more students don't want to be a surgeon. So, hospitals employ more and more practice nurses. I think that is difficult problem and can see the same problem in Japan. One of my purposes of this program is compare the Korean medicine and Japanese medicine, but there is also the same thing or problem between Korea and Japan. I think Korean hospital and Japanese hospital can corporate each

other to improve medicine. In the congress of the Hepato-Biliary-pancreatic surgery, I could see such a case; Japanese doctor proposed a study plan to Korean doctor.

I also had a big help from Dong-A university students, and would like to give a bigger help to the student who will come to Japan this July next time (pic. 6).

As the next generation doctor, I want to make and keep a good relationship Korea and Japan like friends (pic. 7). Thank you very much.

pic. 5



pic. 6



pic. 7



Dong-A University Hospital, Busan, Korea

2-13 Apr. 2012

Yoshiaki Kanemoto

Introduction

I participated in this exchange program because I was interested in Korean culture and wanted to experience foreign medicine. I have observed the department of Family Medicine(FM) for 2 weeks. Everyday I had lunch and dinner in communicating with them. And I enjoyed sightseeing with medical students of Dong-A University in holiday.



Dong-A University Hospital(left building)

Schedule

Mon.

7:30-8:15 morning conference.

8:30 round following Prof. Park.

9:00-11:00 observing the department of outpatient.

13:00-16:00 practice about OSCE with medical students of the university.

Tue.

7:30-8:15 morning conference

8:30 round following Prof. Park.

9:00-12:00 observing the health care center(examination)

Wed.

7:30-8:15 morning conference

8:30 round following Prof. Park.

9:00-12:00 observing the health care center(examination)

Thurs.

7:30-8:15 morning conference

8:30 round following Prof. Park.

9:00-12:00 observing the health care center(examination)

Fri.

7:30-8:15 morning conference(I gave a case presentation on 2nd Friday.)

8:30 round following Prof. Park.

9:00-12:00 observing the health care center(examination)

14:00-16:00 lecture and practice

In Korean medicine, it seemed almost the same with Japanese one. But it seemed that medical expense of Korea was higher than that of Japan.

Some medical students said to me that FM was not popular in Korea because FM doctors could earn not so many. And they said that such as dermatology, plastic surgery, and ophthalmology were popular because the doctors could earn more easily in Korea. Money is also important.

In the department of outpatient, doctors spoke to patients gently and listened to them carefully. It was very impressive to me.

I gave a case presentation on 2nd Friday in English. It was the first time of a presentation in English. A resident had told me about the patient. But I could give a presentation not well. I have to practice presentation in English and study English medical terms more.

Doctors, nurses, secretaries and medical students were so kind even if my English was not good. So I realized again that English was very important to communicate with the foreign because I didn't understand Korean language.



A campus of Dong-A University(the medical department)

Dormitory

I have stayed at the dormitory of Dong-A University for 2 weeks. It took 30 minutes by walk to reach the hospital. But it was comfortable and large, especially very cheap. I would like to thank for the care of Dong-A University's staff.

Gratitude

All were so kind, especially Prof. Choi(neurosurgery) and his daughter. I had kept in touch with him in Japan about this exchange program. They took care of me very well and invited me to their house and had a lunch together in holiday. Moreover they showed me around Busan.

I really enjoyed the great time and experienced many precious things in Busan. I'm sure that this experience makes me much better.

I really appreciate all who support me, especially Prof. Park, Prof. Choi and Miss Miwa. I'd like to thank all again.



International Medical University (IMU)

April 2 – April 27, 2012

0763539M

Naoko Sakakibara

Contents

1. Introduction -About International Medical University(IMU)
2. Schedules – Internal Medicine, for 4 weeks
3. Daily life
4. Conclusion

1. Introduction - About International Medical University (IMU)

IMU is the first private medical university in Malaysia established in 1992, and it is one of the top universities in Malaysia.

IMU has two campuses in Kuala Lumpur(KL) and Seremban. The students study in KL campus for their first two years and a half, and after that they study in Seremban campus for the rest of their curriculum, two years and a half. Yes, medical students of IMU finish their program in 5 years. New students enter there once a half, so there are 10 semesters totally (one semester = half a year).

As the hospital is near the Seremban campus, I attended it. Seremban is located about one hour drive from KL and it is a quite rural area. So you will find that without a car it is difficult to go shopping, have lunch or dinner and have fun in the town. But I was lucky because many students helped me in so many scenes.

Except this, the campus never made me confused. It has enough facilities such as the library with many computers, Chinese and Indian cafeterias and the convenience store.



LEFT: IMU entrance, RIGHT: the way to IMU

IMU students are restricted to speaking English in the campus and keeping the dress code. Please refer to the below about the dress code.

[Dress Code]

Male; Collared shirt, fully buttoned with a tie on and shirt tucked in & long trousers.

NO singlet, T-shirt, earring /face accessories, sandals, sport shoes, shorts, and jeans

Female; Blouse with knee-length skirt or long pants.

NO camisole, low-cut blouse / T-shirt, jeans, short skirt, sandals, sport shoes, and shorts

2. Schedules – Internal medicine, for 4 weeks

I joined the semester 9 students' clinical clerkship in Internal Medicine for 4 weeks. In semester 9, there are about one hundred students and they are divided into some classes which include about 20 students each. They rotate in each department for four weeks. The first week for me was the second week for the class I joined. So on the fourth week for me, a new group came to the department.



The timetable was like this;

Week 2 (2/4/12-6/4/12)

with the classmates

Day/Time	Monday 2/4/12	Tuesday 3/4/12	Wednesday 4/4/12	Thursday 5/4/12	Friday 6/4/12
8.00am-9.30am	Ward Work	Ward Work	Ward Work	Ward Work	Ward Work
9.30am-11.0am	Ward Work	Case Presentation Gp A	Case Presentation	Neuro clinic Gp B	Ward Work
11.00am-12.30am	Ward Work	Case Presentation Gp B	Case Presentation	Neuro clinic Gp A	Ward Work
12.30am-2.00pm	Lunch	Lunch	Lunch	Lunch	Lunch
2.00pm-4.30pm	Management TBL Hematology	Management TBL Cardiology	Management TBL Renal	Management TBL Diabetes	ABG & metabolic imbalance teaching

Week 3 (9/4/12-13/4/12)

Day/Time	Monday 9/4/12	Tuesday 10/4/12	Wednesday 11/4/12	Thursday 12/4/12	Friday 13/4/12
8.00am-9.30am	Ward Work	Ward Work	PUBLIC HOLIDAY	Ward Work	Ward Work
9.30am-11.0am	Case Presentation Gp A	Case Presentation Gp B		Gastro clinic Gp B	Case Presentation Gp B
11.00am-12.30am	Case Presentation Gp B	Case Presentation Gp A		Gastro clinic Gp A	Case Presentation Gp A
12.30am-2.00pm	Lunch	Lunch		Lunch	Lunch
2.00pm-4.30pm	Management TBL Endocrine	Management TBL Respiratory		Management TBL Gastro-hepatology	Therapeutics lecture Anti-infectives

Week 4 (16/4/12-20/4/12)

Day/Time	Monday 16/4/12	Tuesday 17/4/12	Wednesday 18/4/12	Thursday 19/4/12	Friday 20/4/12
8.00am-9.30am	Ward Work	Ward Work	Ward Work	Ward Work	Ward Work
9.30am-11.0am	Case Presentation Gp B	Case Presentation Gp B	Rheumatology Clinic Gp A	Ward Work	Long Case Exam
11.00am-12.30am	Case Presentation Gp A	Case Presentation Gp A	Rheumatology Clinic Gp B	Ward Work	
12.30am-2.00pm	Lunch	Lunch	Lunch	Lunch	Lunch
2.00pm-4.30pm	Ward Work	Therapeutics Lecture astuma	Management TBL Rheumatology	Elective/Selective oral presentation	EOP EXAM

Week 1 (23/4/12-27/4/12)

Day/Time	Monday 23/4/12	Tuesday 24/4/12	Wednesday 25/4/12	Thursday 26/4/12	Friday 27/4/12
8.00am-9.30am	Internal Medicine Briefing	Ward Work	Ward Work	Ward Work	Hospital Kuala Pialah Teaching
9.30am-11.0am	Ward Work	Ward Work	Case Presentation Gp A	Case Presentation Gp A	
11.00am-12.30am	Ward Work	Ward Work	Case Presentation Gp B	Case Presentation Gp B	
12.30am-2.00pm	Lunch	Lunch	Lunch	Lunch	Lunch
2.00pm-4.30pm	Management TBL Hematology	ABG & metabolic imbalance teaching	Management TBL Renal	CFCS	Hospital Kuala Pialah Teaching

a. Ward Work

While ward work, I followed some students. As some patients couldn't speak English, the students translated their complaint to English. The students also allowed me to examine the patients.

In the ward, many patients were packed in one big room. Patients had so various diseases, like AMI, stroke, AGE, lung cancer, SLE and so on. Mainly I saw common diseases, but sometimes I examined rarer cases, like Marfan syndrome.

The ward



I found that the patients' symptoms are usually more obvious than in Japan. I think the reason for this is Malaysian people are not as sensitive about their health as Japanese or there are not so many hospitals and they don't have their family doctors. But I don't know the exact reason. However the reason is, I could see typical symptoms like the pictures on textbook or sometimes more obvious than the pictures. They were really interesting for me.

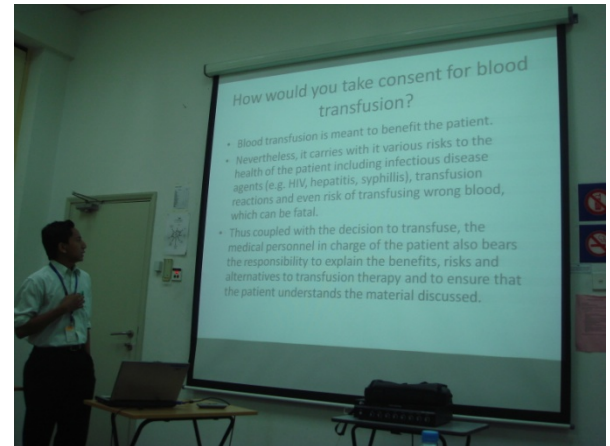
b.TBL

TBL is a shortened form of the word “Task Based Learning”. Students are given the task of having a lot of presentation in the class about some cases which they had experienced or some knowledge which they wanted to share with other students. After the presentation, the students discussed each other about how they think about the case or the presentation. If they needed Dr.’s help, he or she would give some advice to them.

As the students had great skill in presentation and they discussed so lively, this class gave me a lot of discoveries.

They seemed to have confidence in their own opinion and never hesitated to express it, even toward the Dr. Compared to Japanese students, they may be more positive and they may have more knowledge about treatment. Sometimes I felt myself behind them as a medical student, but at the same time I was so motivated to study more hard.

student’s presentation



c. Case Presentation & Clinic (seeing the doctors’ examination for outpatients)

I felt these were nearly the same as we do in clinical clerkship in Japan.

3. Daily Life

a. accommodation

A staff of IMU introduced a host family to me and I lived with them. They lent me a well furnished room and a bathroom with a toilet for 400RM (= about 12,000 yen) per month. When I wanted to cook, they allowed me to use their kitchen. I could connect the Internet because they had wireless LAN. I could use the washing machine once or twice a week. I never had trouble in the house because they helped me whenever I needed their help. While at home, I enjoyed chatting with them and had a good time.



LEFT: the house, RIGHT: with the host family

b. meals

I often had lunch and dinner with my friends. As Malaysia is a multicultural country, I could taste Malay, Chinese and Indian cuisine. Some food was a little spicy for me, but I could enjoy most of the meals.

When I didn't have meals with my friends, the landlady cooked for me or I cooked by myself. The host family and my friends also took me out to buy some groceries or daily necessities. There was "Jusco (a Japanese brand shopping center)" in Seremban and I could buy every necessity there.



LEFT: Nasi Lemak, RIGHT: (from left) ice kacang, cendol and 3 layer tea (三色奶茶)

c. entertainment

In Malaysia there are many tourist spots and this is why this country attracts many people every year. Malaysia has many historical buildings like Mosque, Church and Temple. It has also beautiful sea. So you can't get bored there!

I traveled so many places like Penang, KLCC & KL tower, Chinatown, Kuala Selangor (to watch a lot of fireflies!) and so on. These are also my precious memories.

I recommend to my juniors that they should study so hard and play so much if they attend this program. It is because I want them to have unforgettable experience overseas like me.



LEFT: at the beach of Penang, MIDDLE: Kapitan Kling Mosque, RIGHT: at KL tower with Yushi, you can see Petronas Twin Tower behind us

4. Conclusion

I think this program in Malaysia made me so matured mainly in three points.

For the first, I can speak English better than before. In Malaysia, many people can speak English though their native language is not English. I think it is because they usually use English in their life. If so, it proves that the more we use English, the more we can speak. I could share a good time with so many people through English communication. I think it is important not to be shy and to try to speak to many friends in English.

Second, I was really motivated to study medicine. The students in IMU were active in studying by themselves. They were also interested in Japanese medicine because they thought Japan is so advanced country. I felt it was not good for me to explain it well. So I should study more hard and get much knowledge.

Third, it is the most important, I could make friends with a lot of people. They have different culture or background from me, so they broadened my outlook remarkably. And at the same time, I got the chance to think over myself and Japanese culture. Malaysia is multicultural and Japan is monoculture. Both of them have good aspects and not good aspects, I think. So surely we can have a good influence on each other.

Finally, I want to express my gratitude for everyone who kindly helped me for this program. Especially Prof. Negi, Prof. Kawabata, Ms. Miwa, Dr. Shirakawa, Ms. Wan, Dr. Nyi Nyi, Mr. Hareez, Ms. Sen and all the staff and my friends! Thank you so much.

LEFT: with Ms.Wan, the chief of IMU office

RIGHT: the friends with different culture (Chinese, Indian and Japanese)



If there's any question, please contact me. E-mail: fprty396@yahoo.co.jp

Externship
Hospital Tuanku Jafa'ar,
International Medical University
Malaysia

Yushi Tsujita

2/4/2012—27/4/2012

Contents

1. Introduction
2. Family medicine
3. Daily life
4. Conclusion

1. Introduction

I studied family medicine in IMU in Malaysia from April 2 to April 27. Many years ago, I visited Malaysia from Singapore by car. At that time, I stayed for only four or five hours. So this time I decided to go there.

I chose family medicine because I thought my experience of clinical medicine was little. In Kobe University, medical students study in separated departments like neurology, cardiology, pneumology, and so on. Moreover, I studied mainly with textbooks and didn't see many patients in the 5th year. I wanted to experience and absorb the way of medical students in another country.

2. Family medicine

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00— 12:00	Clinic session	Clinic session	Clinic session	Clinic session	Clinic session
14:00— 17:00	Discussion about Diabetes	Discussion about Hypertension	Studying with video tape	Case Discussion (about elderly)	Discussion about Smoking

(Schedule in Semester8)

In IMU, I was assigned to Semester 6 and 8. They study medicine for 5 years. In the first half, they study basic medicine and in the second half,

clinical medicine. There are 10 Semesters in IMU, so Semester 6 corresponds to the 3rd year in Japanese universities and Semester 8 to the 4th.

We go to a clinic outside the hospital in the morning. We are divided into two groups (about 10 students per group), and each group see outpatients with a doctor. Many patients can speak only Malay, so I had my classmates translate into English. In Japan, we students usually see a doctor examine an outpatient and then he tells us to do. But there, at first students examine a patient and then a doctor confirms their examination. Compared with Japanese medical students, they have a lot of experiences of examination, I think. This is because patients are ready to see students and they can easily examine by themselves. Furthermore, in the clinics, there are many kinds of patients, for example, diabetes, tuberculosis, dengue, failure to thrive, trauma, etc...



Clinic outside the university

However there are also problems in health care system in Malaysia. Let me say this episode: I met an interesting patient. He had diabetes and kept on seeing doctors for blood sugar control. He didn't become better but even got complications such as neuropathy. His chart amazed me so much because different doctors wrote different prescriptions. This is why he was confused and wondered which doctor

to follow. In a public clinic, patients can see doctors at small cost, so many patients come there and doctors have to examine quickly. (Even the next patient was in the same room while a patient being examined.) As a result, their follow up becomes sloppy.

In the afternoon, we come back to the hospital to attend a lecture. In the lecture, we discuss what disease to be considered, what examination to do,

what treatment to receive, and why we think so. Students in IMU are full of motivation, so they positively join the discussion. They don't seem to be afraid of failure. That's how many novel ideas appear in the discussion.

After class, many students go to the library to study or discuss. During my externship, they were in the exam period. The exams are both paper and practical tests. In the practical test, they see real patients, not simulated. I was amazed to see them examine even a pregnant woman.

3. Daily life

Malaysia is a multinational country, Malay, Chinese, Indian, and other natives. Many people can speak Malay, English, and their own language. In IMU, the most numerous students are Chinese and Malays second. But they are supposed to speak English there and study medicine in English. In Malaysia, they begin to study English in the first year of elementary school, and in almost all the classes, they are taught in English. But their English is affected by the other languages, so it is difficult for us Japanese to understand.



The hospital is in Seremban, the rural area in Malaysia. Unlike Kuala Lumpur, there are few shops and restaurants. To go everywhere, we have to go by car because the town is far from houses. Malaysia is a tropical country, hot and humid weather. I'm not sure this is related, but a lot of foods are very spicy whether Chinese, Malaysian, or Indian. Moreover their tea and juice are very sweet, so the number of diabetes patients is increasing these days. In fact, I saw many elderly patients with a history of diabetes.



Malay food



Chinese food



Indian food



Thai food



PETRONAS Twin Towers in Kuala Lumpur

4. Conclusion

Through this externship, I got so motivated by the students in IMU. It is the greatest experience I have ever had. In fact, sometimes I couldn't follow the classes because of my language problem. But the doctors and students there were kind enough to teach me in detail. So I want my juniors to study abroad even if they are not good at English.

Finally, I would like to express my appreciation to all the people in Japan and in Malaysia, who gave me this wonderful experience.



With the students in Semester8 and Prof.Teng

Elective Program Report

Ramathibodi Hospital
in Mahidol University

Date: 2nd-27th April, 2012



with staffs in Infectious Disease Department

Kobe University School of Medicine
6th grade
0723558M Yuki Nakata

1. Introduction

I had been in Thailand for about 1 month, from 1st to 28th April with my two classmates. We learned at Ramathibodi Hospital in Mahidol University for 4 weeks.



The reason I chose Thailand was not so much clear. I had been interested in studying abroad vaguely. If you insist, that was because my senior had been to the same hospital and because I thought I could see different infectious diseases from Japan in a Southeast Asian country.

First, I was planning to study English communication and medical English, and infectious diseases before I went to Thailand. But they were not enough well, so I left Japan with more anxiety than hope.

▲The dormitory where we had stayed

2. Infectious Disease

In the first half two weeks, we three had been in Infectious Disease Department.

We usually had team round every day and occasionally fellows gave us mini lectures. Doctors in Infectious Disease Department see the patients from other departments or ER with fever of unknown origin or surgical site infections difficult to cure.

At first, I could hardly hear doctor's English, partly because some of them spoke English with strong Thai accent. But mostly because of my lack of medical terms in English. Well, here is one talking with one woman fellow and I.

Dr: (showing us one chest X ray) What do you think about this?

Me: Ah.. I think it is like pneumonia.

Dr: No. I'm asking you about the findings, not about the name of a disease.

Me: Umm.. Sorry, I don't know.

Dr: 'Ground-glass appearance.' You must know this in Japanese.

I felt that I could learn nothing there if I couldn't understand their English medical terms. So we studied each other medical terms in English in our dormitory room in our free time. Gradually I got used to hearing their English spoken fast or with Thai accent and came to understand medical terms.

In the lectures, sometimes we were asked about our own thoughts or opinions. At the same time two medical students from USA, who also came to Thailand as elective students, had discussion with doctors actively. At first I hesitated to say my thought because of the lacking of my vocabulary and knowledge, but I made my effort to say or ask what I didn't know as possible as I could.

What I learned here were the way of approach to infection, which is the same as in Japan, the different frequency of disease, for example, there are much more patients with HIV or attacked by dengue fever. And I learned the necessity of medical terms in English, the importance of saying my thought or asking what I don't know, too. I think these two are the essentials to learn medicine in foreign countries. Of course they are important in Japan, too.



▲With Dr. Darunee

3. Family Medicine

Two of us had been learning at Family Medicine Department in the latter two weeks. Our schedule was like this.

Date	8:00-9:00 AM	9:00-12:00 AM	1:00-4:00 PM
18 April(Wed)	Orientation	5 th yr. OFM	Lecture-HCS&FM
19 (Thu)	Self Directed Learning	1:1 OFM teaching	Brief Intervention Clinic
20(Fri)	Morning Report	Home Visit	FM academics
23(Mon)	Morning Report	Observe OFM	1:1 OFM teaching
24(Tue)	Interesting Case	Thalassemia Clinic	Geriatric Assessment Clinic
25(Wed)	8:00-8:10 Final Presentation 8:10-9:00 Home Care Conf.	Acupuncture	Geriatric Conference
26(Thu)	Self Directed Learning	Observe OFM	Home Visit
27(Fri)	Morning Report	Feedback	

We had three types of OPD(Outpatient Department). 1: 1 OFM(OPD of Family Medicine) teaching, observing 5th grade students', and observing fellows'.

1: 1 teaching was the best program for me. At the OPD, I did the history taking in English and the physical examination from a patient and consider the differential diagnosis. Of course, Thai patients spoke in Thai, so the doctor translated between English and Thai.

In the fellows' OPD, I observed the fellow seeing patients and sometimes she told me to take the patients' vital signs. Many patients with hypertension or diabetes were coming, which is similar to that in Japan. In Thailand, by the way, I heard that the condition of them with diabetes gets worse in April. That's because it's hottest in April so they drink so much juice with a lot of sugar.

I was surprised that 5th grade students took charge of several patients and saw them at OPD of Family Medicine. They listened to the patients, took the physical examinations, considered their assessment and plan and write down them to the clinical record. And then, their fellow checked it and gave the feedback to them. In Japan, we medical students have fewer opportunities to do such things at OPD. When I told the fellow about the difference, he said it was difficult to do the same things in Japan because the circumstances were different. According to him, Japan is more developed country than Thailand so more patients don't want to be seen by medical students or young doctors.

In the morning conference, we had a case presentation from residents and discuss the patient's problems, diagnosis or treatments. They usually do them in Thai but at that time they did them in English for us.

Home Visit, which I thought was characteristic of Family Medicine, was to visit the patients' houses to see who couldn't or didn't come to the hospital. I visited one poor house. Two residents, one nurse, one psychologist and I went to the house by car. The patient I met was an old woman who had hypertension and couldn't walk because of bone's weakness and deformation. She didn't want to go to the hospital and had poor adherence to her medication. She lived with her husband who was blind and her daughter. The daughter was taking care of her parents and came to the hospital to get her mother's medication, so she was exhausted and little depressed. The patient whose information was on the medical record was the old woman, but I felt that all three family members were 'patients'.

I also had an opportunity to learn at the Thalassemia clinic. Thalassemia is the inherited anemia and there are many patients in Thailand. In this clinic, the doctors followed patients for prophylaxis of the manifestation or investigate if a newborn baby from the parents with Thalassemia has the same disease.

The residents in Family Medicine were all very kind and did well for us, and sometimes we had lunch together.



▲With Dr. Jitsaphan



▲With residents in FM

4. Activities and etc...

We had no school on weekends and Thailand had New-Year Holidays in April, so we were able to enjoy lots of our free time.

First, I'll tell you about sightseeing. We went to Sukhothai to see the world heritage, Kanchanaburi to enjoy riding in a local train, Ayuttaya to see some temples and images of Buddha, and ride on an elephant. In New-Year Holidays, they have the Songkran Festival in Thailand, which is a water festival. We enjoyed this festival at Kaosan Street, but we were watered by water-guns or buckets by everybody in everywhere! We also planned to travel to the beach in Phuket, but the earthquake occurred near there and we were stopped going by the officer in the student affair. We also got Thai classical massage several times and I liked it very much.



▲World Heritage in Sukhothai



▲Elephant riding in Ayuttaya



▼Railroad bridge in Kanchanaburi

Second, I'll talk about food. Though so-called Thai foods were almost all hot, there were cafes or restaurants like that in Japan. But in the food court in the hospital the all menu board were written in Thai and we couldn't read them, so we had to use body languages or ask the Thai students to order the menu for us. One of characteristic points in Thai food culture I thought was that there were many stands on the road, even in front of the hospital. We often bought fruits, corns or grilled meat there.

Third, let me talk about Thai people. The most impressive point was that everyone smiled at us when our eyes met by chance. I heard that Thailand had never been occupied by any other countries so they were favorable to foreigners. It is interesting that the history influences the behavior of people nowadays. Anyway, I felt simply that smile was charming and so nice. Two 6th grade girl students, one of them are going to come to Japan as an elective, did good to us. They came to meet us at Suvarnabhumi airport on the first day in Thailand, we sometimes went to Bangkok city and ate lunch or dinner together, and saw us off at the airport on the last day, too. I want to continue to contact with them, want to cherish this casual meeting.



▲Fai and Lukkaew,
6th grade students in Thailand



▲With the officer in the student affair,
who took care of us

5. Conclusion

Thai medical students are clever, have high motivation and English skills.

During my stay in Thailand, I felt necessity of skills of English communication and medical English, made my motivation higher, of course. Other than these, I knew the power of smile, got Thai friends, and spent precious time with my Japanese friends.

I'd like to appreciate all people who had to do with my studying in Thailand.

Thank you for reading my report.



THAILAND
RAMATHIBODI HOSPITAL

2 APR 2012~27 APR 2012

ATSUKO NAKANO



CONTENTS

1. INTRODUCTION
2. OBJECT
3. RAMATHIBODI HOSPITAL
4. INFECTIOUS DISEASE
5. FAMILY MEDICINE
6. OTHERS
7. CONCLUSION

1. INTRODUCTION

I went to Thailand and joined to exchange program from 2 APR 2012 to 28 APR 2012. I had medical training in Infectious Disease Department for first two weeks and Family Medicine Department for another two weeks. I had a great experience in the medical training in Thailand, so this time I'd like to show you the contents of my exchange program.

2. OBJECT

- * learn diseases which are common in tropical area
- * improve my English
- * knowing the differences of medical service between Japan and foreign country
- * broaden my horizons

3. RAMATHIBODI HOSPITAL

Ramathibodi hospital is located in near the center of Bangkok in Thailand. It has about 1000 beds and at least 5000 outpatients visit to this hospital per day. Patients come from not only Bangkok but also rural area.



Ramathibodi Hospital



cafeteria in the hospital

4. INFECTIOUS DISEASE DEPARTMENT

In this department, I joined to the doctor's round, some classes and HIV outpatient department. In the doctor's round, residents told us the cases and we saw the patients with doctors. I saw a patient who were infected by tetanus, and many patients who had AIDS and pneumonia. In Japan, it's rare to see HIV patients, so it was a good opportunity for me to learn HIV and treatment for HIV. There were also many patients who had fanconi syndrome. Fanconi syndrome is classified into congenital disease and acquired disease, and all of them had acquired fanconi syndrome. My doctor told me that tenofovir, medicine for HIV, cause fanconi syndrome. I think it's characteristic of Thailand. In classes, I learned about HIV, antibiotics and major infectious diseases in Thailand. In HIV outpatient department, I saw some HIV patients. First of all, I was very surprised because they had a HIV OPD. It tells us that HIV is common disease in Thailand. The cause of HIV was various. In some cases, the route of infection was sexual act, and in other cases, the route had nothing to do with sexual act. Doctors said that they had medicine that was given by government, so poor patients also could take a medication.



with doctors of ID

5. FAMILY MEDICINE DEPARTMENT

I will show you the schedule in family medicine department.

WEEK1

	8:00-9:00 AM	9:00-12:00 AM	1:00-4:00 PM
18 APR 2012	Orientation	Home visit	Lecture-HCS&FM
19 APR 2012	Self learning	1:1 OPD	Brief intervention clinic
20 APR 2012	Morning report	OPD	FM academics

WEEK2

	8:00-9:00 AM	9:00-12:00 AM	1:00-4:00 PM
23 APR 2012	Morning report	5 th yr OPD	1:1 OPD
24 APR 2012	Interesting case	Thalassemia clinic	Geriatric assessment clinic
25 APR 2012	Final presentation Home care conf.	Acupuncture	Geriatric conference
26 APR 2012	Self learning	OPD	Home visit
27 APR 2012	Morning report	Feedback	FM academics

OPD: outpatient department

FM: family medicine

HCS: health care system



Many patients were waiting their turn in front of OPD FM every morning.

In home visit, I went to patient's house with doctors and a nurse, and talked with patients and their family members. Most patients have many problems, not only their diseases but also social, economic, mental problems and problems between family members. Doctors listen to patient's talk, find their problems and think about solution with patients in home visit. In my case, patient had a liver cancer, and he didn't have money to cure his disease. So he took herbal treatment (Herbal treatment seems to be common in Thailand, and patients get herbs from people who don't have doctor's license.). He felt better after taking herbal medicine, but his family members worried because he didn't talk with his family members about his disease. So they couldn't know how he felt or what his wish was. Doctors told him to communicate with his family, and tell them his feeling. Doctors also said that they would visit patients again and again, and help patients and their family to solve their problems. In morning conference, we discussed cases which residents experienced before with doctors, residents and medical students. This is like workshop for residents and medical students. I had to think about differential diagnosis, so I could learn many things.



morning report



5th yr OPD

In 5th year OPD, I observed that 5th year medical students took a medical history and physical examination. In Japan, patients tend to hesitate to be examined by medical students. On the other hand, in Thailand, patients don't hesitate to do that. My doctor told me that it was because there were fewer doctors in Thailand, so patients were corporative to medical education. In OPD, I saw many patients who had hypertension, hyperglycemia and diabetes. Thailand has many sweets and tropical fruits, for example mangos and coconuts, so these diseases are common in Thailand. In FM academics, we discussed religion. Thailand has many religions, and most people believe in their own religion. Some people refuse their treatment because of their religion, so what they should have done when they face that situation. In 1:1 OPD, I took medical history and physical examination of my patient, and I experienced Guillain-Barre syndrome and Polycystic Kidney.

6. OTHERS

On weekends, medical students in Mahidol University showed us Bangkok, and we sometimes had a dinner with them. I could hear about medical students in Thailand and customs of Thai people, so I could have great time. They were very kind and friendly, so I enjoyed weekends in Bangkok!!



7. CONCLUSION

I had wonderful experiences in this 4weeks. I could learn the differences between Japan and Thailand, and know that every Thai people are very friendly and have lovely smiles. I appreciate all of staffs, doctors and medical students in Thailand. Thank you so much.

Exchange Program

April 2-27, 2012

Siriraj Hospital , Mahidol University , Bangkok , Thailand



Kazuma Iwashita 0763511M
6th grade of Kobe University School of Medicine

Contents

- 1 Introduction
- 2 Object
- 3 Infectious Disease
- 4 Trauma Surgery
- 5 Daily life in Thailand
- 6 Conclusion



In front of King's Statue

1 Introduction

From 2nd April to 27th April, I had opportunity to study in Siriraj Hospital in Thailand. I studied there infectious disease and trauma surgery with Hiroyuki Tawa and Tatsuo Mori from Kobe University of Medicine.

Siriraj Hospital is one of the largest hospitals in Thailand with a capacity of more than 2000 beds. This hospital has more than one million outpatients per year. This hospital is located in the west side of the River Chao Phraya. There are famous temples, such as Wat Arun, Wat Pho, near this hospital.



Siriraj Hospital



Wat Arun

2 Object

Last year I had a chance to select the country for this exchange program among several countries and areas; Thailand, Malaysia, Singapore, United States of America, Korea, Australia, and Hawaii. I decided to go to Thailand for the following three reasons.

First, I would like to study various infectious diseases. There are much more infectious diseases such as HIV, TB, and tropical infectious diseases in Thailand than in Japan. Especially, I would like to see the medical examination and the treatment of HIV patients, because I have hardly seen HIV patients in Japan.

Second, I would like to experience the medical treatment in developing countries. I thought I could learn many things in Thailand which I could not see in Japan.

Third, I was originally interested in Thai culture and people. I have been to Thailand one time before. That visit was for sightseeing, so I stayed there in a few days. That traveling let me to want to know more deeply about Thailand.

3 Infectious Disease

In the first two weeks (from 2nd April to 12nd April), I studied in the infectious disease of medicine. There were about 10 doctors in that department, and more than half of them were fellow doctors. During my practice in ID, I made friends with exchange student from U.K. His name was Pete, he was originally Thai, and went to Birmingham University after graduating from high school.



With very kind fellow doctor

In the first day of our medical practice, I was handed our schedule for two weeks.

Date/Time	7:30–8:30 am	8:30–9 am	9–10 am	11–12 am	1–2 pm	2–3 pm	4–5 pm
Monday	HIV round at ER	Morning Report	Lab round	Fellow Review	ID Clinic Room 201 at OPD		Service round
Tuesday		Morning Report	HIV clinic Rm 447 at OPD			Teaching/Service round	
Wednesday			Teaching		Medical conference		Teaching/Service round
Thursday	HIV Ground round Assadang building	Morning Report	Journal club, Grand round Conference		Lab round	Teaching/Service round	
Friday		Morning Report	Teaching		Laboratory Study		Teaching/Service round

(In OPD [outpatient department])

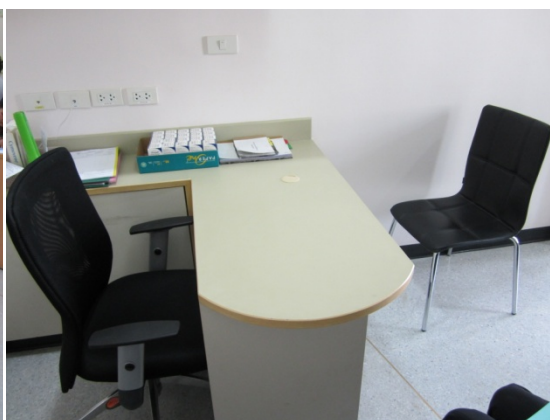
There were so many, many, outpatients. Maybe there were more than 100 outpatients in OPD. Especially I saw many HIV and TB patients. Doctors told me that three major infectious diseases in Thailand were HIV, TB, and melioidosis. Melioidosis is caused by *Burkholderia pseudomallei*, gram negative basilli. I heard melioidosis was often seen in south east of Asia. I have never heard that bacteria before. I saw many infections in other, and learned a lot.

(HIV clinic)

On Wednesday, I visited HIV clinic at OPD. I saw many young and old people coming to take medical examinations. I was very surprised that they looked very healthy. Their diseases were well controlled by medicines for HIV. I was impressed by the impact of HAART therapy.



OPD



HIV clinic

(Lab round)

I had a Lab round on Monday and Thursday at Microbiology Laboratory. There were many rare bacteria I could not see in Japan. It was good to observe *Burkholderia pseudomallei* through microscope. This bacteria is stained at the both ends by gram stain. I could also see many bacteria in other, so this practice was very interesting.

(Service round)

In the every afternoon, I had doctor's hospital rounds. There were many inpatients suffering from HIV and TB in this hospital. Some hospital rooms had air conditioner, but other rooms did not have it but electric fans, so those rooms were very hot and humid. That is unthinkable in Japan. Additionally, I was surprised that ID doctors did not put the mask though they examined many TB patients. However, I heard that few doctors were infected by TB in the hospital.



Service round



Hospital room

4 Trauma Surgery

In second two weeks (from 17th April to 27th April), I studied in trauma surgery. I had no schedule during this practice, so I could freely go to see various medical treatments at OPD and operating room.

(In OPD)

In OPD, I saw six-year medical students doing medical examinations for out patients, and doing simple treatments such as injection, disinfection, and sutures by themselves. They had much more medical knowledge than I had in spite of the same grade as me. They told me how to inject, how to suture, and how to decide amount of medications for individuals.



OPD

There were many patients injured with dog bites and motorcycle accidents. For patients with dog bites, doctors did injection of immune globulin for preventing rabies. I have never seen patients with dog bites, so I learned a lot of things.

On Tuesday and Thursday, I could see facial fracture, and burn in OPD. There were

many patients suffering from maxillary bone, mandible bone, and cheekbone fracture. I have hardly seen such patients in Japan.

I also practiced in OPD late at night. At midnight, there were many outpatients injuring, because many people got drunk after dinner. There were about 5 six-year students, and one or two fellow doctors in OPD at night. They told me a lot of things very kindly and let me to inject, disinfect, and suture for patients, so I had very good experiences.

(Operating room)

In operating room, I saw a patient with mandible bone fracture. First, doctors fixed the jaw with wire not to move. Next, they made an incision in the low jaw, and fixed the mandible bone with wire. Surgical gowns were not disposable in Thailand, but doctors were very careful for cleanliness.

5 Daily life in Thailand

(Dormitory)

I was staying in male dormitory next to the hospital during my practice in Bangkok with Mr. Tawa and Mr. Mori. There were beds, desks, and closets in our room. It was very important for us that our room had an air conditioner. If it were not for it, we would have died due to extremely hotness... It was very, very, hot in Bangkok, and the temperature was more than 35°C in almost every day.



My dormitory room

(Food)

I had usually Thai food in food courts, restaurants, and street stalls near the hospital. Thai food was good for me, especially Tom Yam Kun, and Pad Tai. I like spicy food, so I could eat almost every Thai food.



Pad Tai

(Weekend)

On weekends, we traveled by ourselves to various areas in Thailand: Chiang Mai, Island of Tao. We had very good time everywhere. We went by night train, and bus not by plane, so it did not cost much money to travel. And, Thai friends took us to Ayutthaya, and Pattaya by their car. They were very kind of us.



Ayutthaya



Island of Tao

(Songkran Festival)

From 13rd April to 15th April, there was traditional Thai festival named Songkran in Thailand. Songkran is a festival to congratulate the new year, of course this “new year” means the lunar new year. During Songkran Festival, almost all people, not only Thai people but also foreign travelers, had water guns, so we got wet in a few minutes!!! At some places, such as Khao San Road, we got completely soaked...



Khao San Road

6 Conclusion

I had great and memorable time in Thailand through this exchange program. I could learn a lot of medical treatment. Further, I made many friends; not only Thai but also Austrian, Israeli, and Japanese.

I would like to work abroad for a few years in the future if possible. This medical practice in Thailand gave me a lot of good experiences, and I would like to work in foreign countries more than before.

I really recommend my juniors to join this exchange program. You can see various rare diseases which you cannot see in Japan, and Thai people are very kind and friendly.

Finally, I greatly appreciate to everybody who gave me opportunities to have good experiences and memories.



With Thai and Japanese friends



With Thai friend's family



With exchange students

Exchnge Program 2012

Siriraj Hospital, Mahidol University, Bangkok,
Thailand

0713553M Hiroyuki Tawa

Contents

1. Introduction
2. Schedule
3. Infectious Disease & Tropical Medicine
4. Trauma Surgery
5. Daily life
6. Conclusion

Introduction

I apply for this exchange program for the following reasons.

Firstly, I want to learn infectious diseases that I seldom see in Japan. And I would like to learn what trauma diseases patients have and how the doctors treat the patients in the trauma surgery department.

Secondary, I want to learn medicine from another point of view. I think if I can learn medicine in Thailand, I can also know the good points and the bad points to improve in Japan

Thirdly, Faculty of Medicine Siriraj Hospital is the oldest medical school and hospital in Thailand. I think learning at the large hospital with long history would give me precious time.



Schedule

My externship was from 4/2 to 4/27 (four weeks).

For the first two weeks (4/2-4/12), I studied in the department of Infectious Disease & Tropical Medicine.

For the next two weeks (4/17-4/27), I studied in the department of Trauma Surgery.

©Infectious Disease & Tropical Medicine

Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:30 Orientation	7:30-8:30 HIV Ground round			
8:30-9:00 Morning Report	8:30-9:00 Mornig Report		8:30-9:00 Morning Report	8:30-9:00 Morning Report
9:00-10:00 Lab round	9:00-12:00 HIV clinic at OPD(outpatient department)	9:00-12:00 Teaching	9:00-12:00 Journal club, Grand round / Conference	9:00-12:00 Teaching
Linch Time				
13:00- Teaching/Service round	13:00- Teaching/Service round	13:00- Medical conference Teaching/Service round	13:00- Lab round Teaching/Service round	13:00- Laboratory Study Teaching/Service round

In the department of Infectious Disease & Tropical Medicine, I saw a lot of disease I haven't ever seen before in Japan.

(For example)

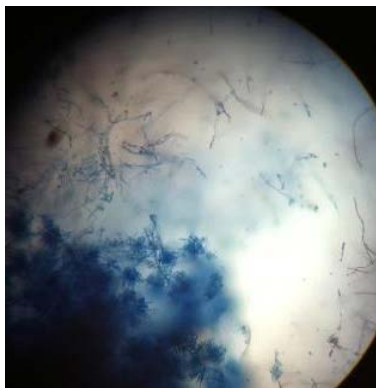
Penicilliosis: the infection of Penicillium marneffe

Melioidosis: the infection of Burkholderia pseudomallei

In the Teaching/Service round, the excellent residents explained each patient for us in English. I had difficulty listening to what they say for the first two or three days. But in the second week, the number of words we can hear a little increased, because the words were used many times.

In the HIV Ground round and HIV Clinic at OPD, I saw many patients who have HIV infection. Most of them have another infection like Tuberculosis, Penicilliosis and so on. I know in Japan the number of HIV patients has been increasing recently. But I was surprised to know how many HIV patients are there in Thailand. I thought that at OPD most patients' appearance are not different from normal people and it is important to do suitable treatment and keep their conditions.

Penicilliosis



With kind doctors and residents of ID



©Trauma Surgery

Monday Wednesday Friday	Tuesday Thursday		everyday
Morning round			
8:00-16:00 OPD 13:00-15:00 Face Fracture Clinic	8:00-16:00 OPD		Operation
	9:00-11:00 Burn Clinic	13:00-15:00 Hand Clinic	
(14:00-16:00 there are Conference, Journal Club or another activity someday.)			
Night OPD			

I could decide which activity I wanted to join in the department of Trauma Surgery.

I usually joined the activity at OPD. In the second week(4/23-27), I also joined the night shifts because I heard I could experience more procedure at Night OPD. I experienced the procedures of suture, wound dressing and injection at Night OPD. I had never done such procedures before, so it was my first and very precious experience.

But unfortunately, I had been suffering from infectious diarrhea for three days (4/18-4/20). The doctor told me that I probably had toxin from water or seafood. I was sorry to lose the precious time.

Daily life

I had not been to Thailand and eat Thai food before. I took to Thai food at once because I could eat Thai food for very low price and it was delicious. Mangoes were particularly delicious in this season(April). But in Thailand, if I got bored with Thai food and wanted to eat Japanese food, it was no problem because there are many Japanese restaurant.

Thai food (Pad Thai)



The mark of restaurant
where they serve excellent dishes



Japanese restaurant



Many sweet mangoes in the market



Couclusion

Through this exchange program, I had very good experience. I could see infectious disease I had never seen before in Japan. And I could do procedure I had never done before in Japan.

I noticed the difference between the medical education system in Japan and that in Thailand. Medical student in Thailand can speak English very well because they read English textbook when they learn. The students in the fifth grade have experienced of suture or injection, and the students in the sixth grade work like doctors in the hospital because they start to practice in the hospital earlier than Japanese student.

I had difficulty communicating with people in English and listening to what the doctors said. I thought I should study English at least.

At the end, I really appreciate to everybody concerned with this exchange program. Thank you very much.

Exchange Program

Siriraj Hospital , Mahidol University , Bangkok , Thailand

Apr.2ndto Apr 27th

department : Infectious disease (2week), trauma surgery (2 week)



Tatsuo Mori

0753579M

Kobe University School of Medicine

Introduction:

I did clinical practice in Siriraj hospital, Thailand from Apr.2nd to Apr 27th. Here I report what I watched and felt there.

I write down here focusing on what I did in the hospital. So, about our holidays, I just shortly say that we traveled all around Thailand and we had so fantastic experiences that you'd never imagine at all.

Infectious disease (ID) department

The first day morning we attended some orientation and went to the ward, and an ID resident showed us a patient. The resident said, "He is B***** infection". ???We couldn't catch it. She kindly wrote the name of bacteria. "Burkholderia pseudomelli". I had never heard the name before. But since then, during I was in ID department, I think, I heard the name every day. Finally we got very familiar with the name.

1. daily round

We joined ID round every day. As I expected, ID patients in Siriraj was quite different from Japanese hospital, I think it was due to difference of climate, hygiene, patient's education and so on. ID department in Siriraj had large number of patients and they were suffered from huge variety of disease. Residents told us the patient's history, so we could learn much in the round.

I'd like to show small list I saw in a round.

case0 : 52M cardiac TB → cardiac tamponade

case1:HIV and HCV

case2: nasal conidiobulomycosis (Conidiobolus, a kind of fungus,infection)

case3: B cell leukemia chemotherapy→ febrile neutropenia →invasive aspergillosis

case4: dental procedure → infectious endocarditis

case5: proteus mirabilis pyelonephritis →sepsis

case6: HIV, PCP (Pneumocystis jirovecii pneumonia)

case7: 30M seizure → TB meningitis

case8: disseminated Cryptococcosis (lung, meningitis, brain...)

case9: infectious abdominal aortic aneurysm (suspected bacteria: Burkholderia, Salmonella, S.aureus)

This is really a few examples of patients I saw. And I could see some tropical area limited infectious disease; some Burkholderia pseudomallei infection (melioidosis), Penicillium marneffei infection, dengue fever.

And we had "HIV round", on Tuesday. Hospitalized HIV patients are almost all had severe opportunistic infections. In Thailand, the differential diagnosis of ID patients can be huge because of poor hygiene and high prevalence of HIV. ID doctor there seems a challenging job.

2 OPD (outpatient department)

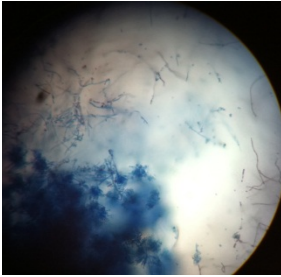


It was horribly crowded. Siriraj hospital is a public hospital, so many poor people come. (rich patients go to private hospitals). In a large room, doctor's desks are put near the wall, and waiting patients were in the center of the room. There were no examination rooms. It was very different from Japan.

3 Labo round

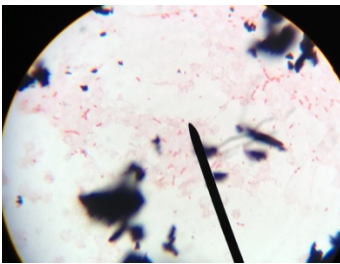
Sometimes we went to Labo and checked the specimen. Residents and teachers explained about microorganisms, so we could learn much.

They are some examples of what we saw and what I learned.



Penicillium marneffeii

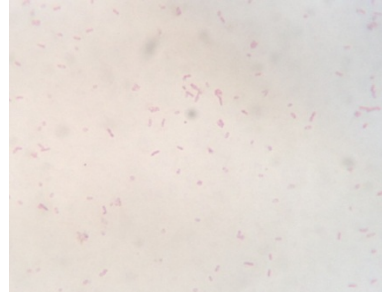
It's a dimorphic fungus, and this is the mold form.



Acinetobacter

It looks as Gram negative coccobacilli.

In Siriraj hospital, the most common causative microorganism of VAP is *Acinetobacter* (carbapenem resistant). Patients were treated with colistin.



Burkholderia pseudomallei. Ends of their body tend to be stained. Diabetes mellitus patients likely to catch this infection.



the scene of Labo round

ID doctors were very kind and they tried teaching us many things in English so we could learn much.



With ID doctors



party with ID doctors

Trauma surgery department

Trauma surgery department was an ER, specialized for trauma. I met Thai students there and I was surprised to know their jobs. 5th year students suture and dress the wound, inject local anesthesia and many other procedures. 6th year students take histories, make assessment and plan, do many procedures, calculate fluid infusion, write consultant letters, and so on. I think they were comparable to 2nd-year Japanese trainee doctors. Some students told me that, 6th year students have to go to provincial hospital after graduation and soon work as a doctor there. So they have to be able to do basic doctor's job when they graduate. I noticed that, in Thailand, what Japanese students learn in 8 years (6 year student + 2 year trainee) is compressed in 6 years. It was a shock and stimulating for me to see same grade students are really working in ward, not just watching like Japanese students style. I tried some suture and subcutaneous injection. 6th year student helped me. I appreciate them much.



students taking history

what I thought

Is Thai curriculum better than Japanese? I wondered. We have much free time after daily classes, especially when we're in 1st year to 4th-year student. So we have the room to compress and it may possible to learn procedures or more practical knowledge earlier, like Thai students. But, I don't think it's a very good idea. In the massive free time, Japanese students spent their time on club activities, part-time jobs, dates, mah-jongg, online games, reading comics... etc. This looks like useless, but I think this period has a role to enrich the diversity of doctors. (I mean diversity of from even physical things, like appearance, to characters) Patients have unlimited diversity. So, to respond to them, various doctors are necessary... I'm wondering from the subject, anyway I don't agree very much with the idea to imitate Thai curriculum and cut down free time. (for your information; Thai students, especially medical students never do part time job.)

Conclusion

I could see foreign medicine, and saw many differences, and many same things as Japan. This is the second

important thing I got in this exchange program. The most important event is getting to know many foreign people, (not only Thai students, even their family, and many others.) Thai people were really kind to us. I can't appreciate them too much. I'm keeping in touch with some students on the internet and sometimes exchange information. Becoming friends with them is really my treasure. I'm looking forward to seeing them again. I really appreciate to everyone who gave me the opportunities to have good experiences. Thank you.



with Nize and Jui, who took care of us very much



with Thai and Israel exchange student



playing table tennis with Thai friends



lunch with Thai students

Externship 2012

National University Hospital
and
Singapore General Hospital

April 9th~May 18th

Ayu Shono

【Introduction】

Why I chose Singapore as elective was that English was official language there. I did my elective for 6 weeks. It was the first experience to me to spend so long a period in a foreign country, so I was so nervous until I reached there. But people there were so kind, foods were so nice, and I found this country to be very comfortable. Singapore is a multi-ethnic nation. There are many kinds of people, languages, and cultures. Most of them were Chinese, so it is said that their English are something like Chinese. It was difficult for me to listen to their English for the first time, but gradually I got accustomed to them. I really appreciate everyone who helped me to complete my elective.

【Emergency Medicine at NUH】

From April 9th to 27th, I was in NUH at emergency department. That was very different from my university's one. There were much more patients than Japanese one. In Japan, cases are graded by 3 steps of severity, and large hospitals like university hospitals accept mainly most severe grade. And what is more, when our beds are full,



we can refuse patients. So I could see few patients in Japan and most of them are severe patients. But in Singapore, many patients come to hospital at emergency department for the first time, and they are divided to each department there. So waiting room is full even on weekdays, and severity of each patient was various.

We had 3 types of shifts, morning shift(8:00am-16:00pm), evening shift(16:00pm-22:00pm), and night shift(22:00pm-8:00am). The number of students who can practice in each shift was limited to 6, and I could choose freely in which one to practice.



I could see many local students and other elective students there. They had much more medical knowledge than I. In Japan, we order CTs and X-rays almost routinely, but in Singapore, doctors make point of physical examinations. Local students could do many works that we students are not allowed in Japanese hospitals. I think it is nice stimulus for students. When we allowed many works for patients, we feel more responsibilities, so we can have more interests to patients, and are willing to study more.

Staffs there communicate mainly in English, but many patients spoke only their own languages. Most local students can also speak their language, so they helped me to taking history and physical exams.

【Family Medicine at SGH】

From April 30th to May 18th, I went to SGH at Family Medicine department. SGH is located near the Outram Park MRT station, that takes 30 or 40 minutes from my dormitory. I spent 5 days in Bright Vision Hospital and other 10 days in SGH.

In SGH, I joined conference from 9:30 every morning, and in the afternoon, joined home visits or see outcome patients. In home visits, we take taxis to patients' houses and examine patients, and educate patients' families or maids to prevent patients' readmissions. Besides home visits, nurses call patients and confirm them that they take medicines adequately and their conditions don't get worse. And they report them and consult doctors in the conference every day. I think we should adopt this system in



Japan to prevent patients' readmissions if we can. But it costs too much, and needs so many staffs, so it is not a realistic idea now.

Bright Vision Hospital is the hospital for rehabilitation, palliative care, and sub-acute care. Patients there are typically above 60 years old, requiring strong psycho-social support beyond direct medical and nursing care.

I had many chances to examine patients there. We don't have this kind of hospital in Japan. Family Medicine doctors must know all the medication patients are taking, all the diseases patients are suffered from, and all the problems occurring from them. I found it was interesting to see patients systematically.



【Conclusion】

In Singapore, I could experience many things that we can't in Japan. I could see and examine many patients every day. Sometimes I couldn't make myself understood in English very well, but they were so kind that they allowed me to examine them. They talked to me patiently to tell their clinical histories.

Sometimes I was so surprised to feel cultural differences from my country. I couldn't get accustomed to some of them soon.

But when I recollect these 6 weeks, everything is so glorious and precious. I will never forget these memories.

I really appreciate everyone who helped me to accomplish this program. Thank you.

My Elective in Singapore
Tang Tock Seng Hospital, National University Hospital, Singapore
Keiko Sumimoto

2012, 16th April ~ 18th May

1 .Introduction

I stayed in Singapore from 16th April to 18th May. I took an elective in Emergency department of National University Hospital. And after that, I studied infection diseases in Tan Tock Seng Hospital (TTSH) and Communicable Diseases Centre (CDC). I think I had so wonderful experiences at Singapore, so I would like to appreciate everybody concerned in this program. In this report, I would like to introduce what I did in this program.

2. Emergency Department

There were a lot of local students and elective students in the emergency department. In Emergency of National University Hospital, medical students had 3 types of shifts, the morning shift, the afternoon shift, and the night shift. We could choose which shift to take. Here I saw many common cases 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. When I had difficulties to communicate with patients because of language problems, many local students helped me a lot. I was surprised to know that local students could speak at least two languages.



3. Department of Infection Diseases

Every day, I spent my morning for looking around patient and talked about them with my group. In the wards I saw so many patients with HIV and PCP or TB, typhoid, dengue fever and so on. Sometimes, doctor told me to ask a patient about his symptom and examine him. I could learn what I can rarely see in Japan. After this morning round, I took lectures about HIV, dengue fever and so on. Every lecture was so educational and I could learn a lot of things. In the afternoon, I sometimes went to clinics, and sometimes join blue letters. The main job in travel clinic is to recommend which vaccine should be taken before going abroad. In the travel clinic, I was surprised at the fact that most of the patients had not taken flu vaccinations. Singaporeans do not know even things well known to Japanese. In the other clinic, patients suffer from mainly HIV. In Japan, I had not studied about HIV so much. So my practice in clinic was new to me. Blue letters mean the consultation by other departments. The way to consult was same to what I had learned in Japan.



4. Daily Life

I stayed at the students' dormitory of National University Singapore. Last year new mrt station called "kent ridge". So it became much more convenient this year. Thanks to this MRT, I could go to hospital and city side easily. I had every meal in the food courts. Every food was cheap and delicious. So I did not miss Japanese food. As you know, Singapore is an English speaking country. It was easy to communicate with local people. And Singapore has a lot place to go and see. On weekends, I went sightseeing with many friends. I could enjoy my daily life in Singapore.



5. Conclusion

Though this program, I could learn so much things. I could learn not only medical knowledge but also English and culture and medical system. I would like to express my appreciation to everybody concerned with this program.



Externship in University of Hawaii

(April 2nd ~ April 29th , 2012)



6th year student of Kobe University School of Medicine
0723592M Yuki Yonenobu

▼ Contents

1. Introduction
2. My Goal
3. Team Care in Kuakini Hospital
4. Family Practice in Dr. Tokeshi's Dojo
5. Dr. Little's Presentation Class
6. Sightseeing
7. Conclusion
8. To junior students who are interested in this program

1. Introduction

Why I chose the externship in University of Hawaii? Roughly speaking, there were 3 reasons why I was interested in the externship in University of Hawaii.

The first reason was the recommendation from my club's senior student. She went through the same clerkship in her final year, and she told me that she encountered a culture shock and that the experience was of great importance to her philosophy. She talked so happily that I was attracted by her story.

The second reason was the education system of University of Hawaii. I heard that University of Hawaii had the credo, which said that to teach is to learn. I think that the education of medical science in Japan has many points to be improved. I wanted to know the good and bad aspects of education in UH and to return some profits to my classmates and junior students.

The final reason was English. I like studying English, and I wanted to brush up my English skill. It seemed a good chance for me to live in the environment where English is a common language.

From these reasons, I decided to try the externship in Hawaii.

2. My Goal

I made the goal before leaving Japan to make the externship better.

#1. Improve my English, especially listening.

#2. Absorb medical knowledge and the clinical way of thinking.

#3. Enjoy the externship.

I decided that #3 was the first priority.

3. Team Care in Kuakini Hospital

- schedule (example)

05:00~07:30 – pre-round

07:30~09:30 – round with team

09:30~10:30 – Dr. Fukuyama's round

10:30~11:00 – ICU round

17:00 – sign out / on-call in every 4 days

In team care, I belonged to one team that consisted with a resident, an intern and a student in third year. As I was treated as an observer, I couldn't touch patients alone and couldn't handle computers in hospital. It kept me away from patients and brought me some difficulty in joining the discussion with team members for the first few days. I struggled with unfamiliar environment and tried to find solution. In the second week, I noticed that if I kept my mouth closed I would learn nothing. So, I asked everything, for example diagnosis, lab data, medications etc. The members were really kind and the resident always asked me "Is there any question?" "Can I teach you something?" and if I said yes they spared their time to answer my questions. Finally, I could know what was going on the ward and what we should do next. I think that I couldn't go through the externship without the team member's support.

In team care unit, there were four students who were in third year. What stroked me strongly was their eagerness to study. They and I are same position as medical students, but I realized that there was a distinct gap. In Japan, I often heard that medical students said, "We are students. Why should we do it?" and I thought in same way to greater or less extent. In Hawaii, medical students could write chart almost perfectly, take a physical examination well and sometimes consult with doctors. I noticed that I didn't prepare to be a doctor enough. The fact hit me severely. I made every effort to catch up with them. I asked the student to tell me how to write charts and how to take a physical examination. The student taught me how to write a chart, though she had a cold and had an examination on that weekend. Sitting in front of the computer in the ward, she talked about physical examination in detail. I was astonished by the fact that the medical student in United States could teach. I was also moved by her generosity. Her words still remains---"Keep being useful. Try and challenge!". This phrase encouraged me since then.

In team care unit, I learned not only medical knowledge but also the attitude toward patients and the importance of team members.



With team member in the resident conference room.

4. Family Practice in Dr. Tokeshi's Dojo

- Schedule (example)

03:30~06:30 – pre-round

06:30~08:00 – round with Dr. Tokeshi & talk lecture by Dr. Tokeshi

08:00~09:00 – break fast & bird round

09:00~17:00 – outpatient clinic

17:00~20:30 – pre-round

In Dojo, there are many things to do. They are not a duty but a necessity to see patients. For example, for medical students in the University of Hawaii, there are two rounds by students themselves. In the early round, they take vital sign and write charts making assessment & plan. In the later round, they just hear patients' stories.

The patients who I met in Kuakini hospital impressed me strongly. In my clerkship in Japan, I thought that there was some invisible wall between medical students and patients. I remember that one patient said that "I am a engineer and when I was young, I often went wrong. So, I know you need a chance to try!". Other patient pointed his abdomen to show me where the liver was. I realized the meaning of phrase, "The patient is a good teacher." I also heard many stories from the patients. They had a story to be told. They had their own lives. When I visited them, they were willing to tell me the stories. I was surprised to see that they recognized me and waited for me

every day. I could make a good relationship with patients and it was because of their tolerance and kindness.

I was sleepy because I woke up at 3:00 every morning, but Dr. Tokeshi's talk was so interested and full of suggestion that the sleepiness went far away. His talk was varying from history of medical science to literature. I have never met such a kind of doctor who showed me his/her philosophy explicitly. He also showed me his attitude toward patients. When he was on bedside, he shook patient's hand, spoke to patients gently and even supported patients to eat. I was often told that I should do something for patients, but not so many doctors showed the behavior.

It is often said that medical science consists of science and arts. In Dr. Tokeshi's Dojo, I learned arts, the spirits that are really important in curing patients.



With Dr. Tokeshi.

5. Dr. Little's Presentation Class

Dr. Little's English class was held on every Thursday at 17:00. Dr. Little is a linguist and has been teaching presentation skill to medical students for a long time. Students and residents whose mother tongues are not English are gathered and trained presentation skill. In the class, students have to prepare a case and give a presentation.

It was not so difficult to make a summary, but when it came to give a presentation I was often confused which items I should have referred or not. Dr. Little and residencies taught me kindly the point. I could learn how to make a good presentation.



The final Thursday, she brought us her favorite restaurant.

6. Sightseeing

As we didn't know that Saturday and Sunday were off, we didn't have enough time to go sightseeing. Still, we could enjoy Hawaii. There are many beautiful beaches, bays and mountains in Hawaii. We went to Hanauma bay, Laniakea Beach, Tantalus and National Memorial Cemetery. We enjoyed surfing, swimming, driving, eating and of course shopping. The sceneries were really splendid. It was beyond my words. As I love arts, I visited Honolulu museum of academy and contemporary art museum, both of which were the quiet and silent place. I refreshed and could work hard rest of the externship.



7. Conclusion

When I look back over this April, I couldn't say other words than "It was great!". In the beginning of this externship, I was afraid that I would finish my externship without studying anything, just in despair. I had a difficulty in understanding English and sometimes was left behind. Now, I know I got many things. I met many great students, doctors and patients. They helped me catching up with them and always encouraged me. They even changed my way of thinking.

Through this externship, I got a seed. The seed is full of precious things, but seed is a seed. If I didn't make any effort, nothing would come out. From now on, I have to water the seed until it is in bloom. I must study and train hard not to make it useless.

Finally, I really appreciate stuffs and teachers to give me such a wonderful opportunity.

8. To junior students who are interested in this program

I think that this externship is really precious because you can broaden your horizon through meeting great students, great doctors and great patients. Of course, it is not easy to put yourself in a high level environment, but I believe that making an effort is the most important thing. This April is my treasure. I hope you can have a wonderful experience through this clerkship.

If you want to know this externship more, please contact me on facebook.



University of Hawaii
Kuakini Medical Center
April 2 – 27, 2012



Sumire Sorano

1. Introduction

First of all, I would like to show my deepest gratitude to all the people who helped me having such a precious opportunity, especially Ms. Miwa, a program coordinator in Kobe University, who supported me in numerous occasions. These four weeks of attachment in Hawaii were filled with great experiences and discoveries which gave me an insight of how much potential Japan has for improvement of medical education and medical practice and how I personally would like to be trained and work in the future. In appreciation of the opportunity, I would like to write a report for future students who consider joining the program.

2. Hawaii and the background of Kuakini Medical Center

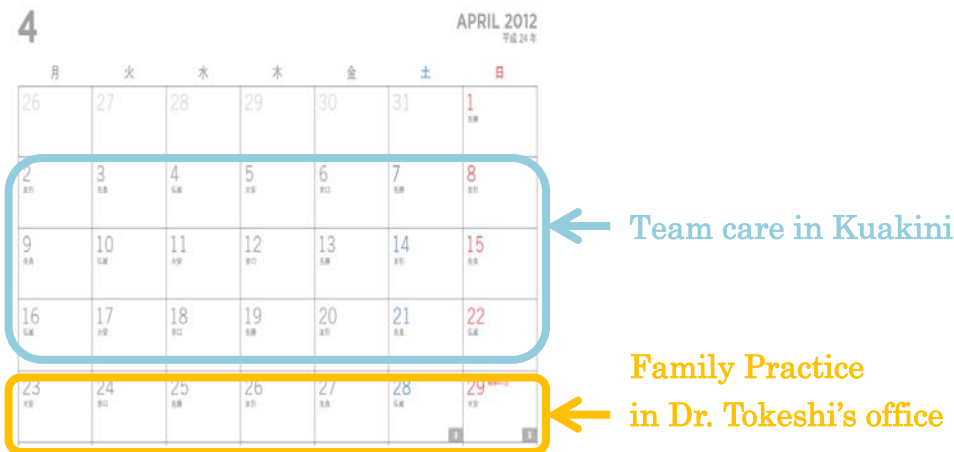
Between 1885 and 1900, over 70,000 Japanese immigrants crossed the Pacific Ocean to Hawaii to work in the flourishing cane fields. Low wages and unexpected expenses soon caught up with the newcomers and many found themselves in destitute circumstances. KMC was originally established by a Japanese charity group for giving relief to the Japanese in Hawaii who needs help from illness, poverty, accident or other causes.

“Nakamura”, “Kobashigawa”, “Takeshita”,,, you would be surprised how often you see patients with the names of Japanese origin. Some patients speak only English, some still speak Japanese. During conversation with patients, I had chance to hear stories of their life. Those were real life deeply linked to the history of two nations and stuck me. I was not much aware of the history of the wars, immigration, and I was ashamed of my ignorance.



3. Schedule

I was attached to a team care in KMC for the first 3 weeks and later to family practice in Dr. Tokeshi for one week.



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.

Mon	Tue	Wed On call	Thu	Fri	Sat	Sun On call
5:00~round with student 6:00~team round 8:30 Morning Round 10:00 consultant round 12:30 lunch 15:00 Discussion in team 17:00 finish	5:00~round with student 6:00~team round 9:00 ICU round 12:00 lunch Academic Half day	5:00~round with student 6:00~team round 8:00 Cardiology Teaching 9:00 ICU round Admissions 15:00 lunch Admission 17:00 "you can go home"	5:00~round with student 6:00~team round 8:00 Neurology Teaching 9:00 ICU round 12:00 lunch 13:00 student teaching 18:00-20:00 Practice of presentation with Dr. Little	5:00~round with student 6:00~team round 9:00 ICU round Student teaching 12:00 finish Beach=^▽^=	5:00~round with student 6:00~team round 8:00 EBM 12:00 finish Going out for lunch ^-^*	It is not duty for student to come on Sunday☆

This is an example of one week in program in KMC. Once in every four days we had "on call day", where the team is in charge of admitting patients from ER. Apart from the daily work, there are lectures from various specialities, case conference (which is called morning round), article reading (EBM), and academic half day (lectures in Queen

hospital) so that residents and students learn systematically.



In the last one week (9 days), I was attached to a family practice with Dr. Tokeshi. Dr. Tokeshi is a Japanese family practitioner in Hawaii who is famous for being dedicated for his work and having strong mind for saving patient, and also for providing enthusiastic and tough teaching to students. Family practitioners in the U.S. not only see patients in clinics but also manage patients in hospital when they admit their patients. Our duty was to see all the patients and write their progress note every morning. It must be finished before the morning round with Dr. Tokeshi which starts at 6:30 a.m. After the morning round, we practiced history taking and physical examination of outpatients in Dr. Tokeshi's clinic. He remembers the names of families and circumstances of each patient so that their conversation was very smooth and natural. Because of the credibility he earns from patients, they were very friendly to us too and were willing to let us learn from them, which we were very grateful for.



After the outpatient clinic, we had another round taking more time for communication because we were sometimes in a hurry in the morning. The time we finish depends, but usually from 7pm to 9 pm unless there was no admission.

4. Life in Hawaii

Accommodation

I stayed in an apartment just next to the hospital and shared the room with another student from Kobe University. Even though we didn't have our private room, I did not feel any problem thanks to her being always generous and easy-going. There were notes from previous visitors which helped us in both practically and mentally.



Food

Hospital provides us muffins, scones and fruits for breakfast which we appreciated a lot. For lunch and dinner, sometimes we eat in cafeteria or went eat out with some other friends or residents but mostly we prepared at home. I enjoyed going shopping with my share-mate and cooking together. Papayas in Hawaii were very good.



Holiday

We had a half day off on Friday and Saturday, and a whole day off on Sunday (unless we are not on call). We went around Waikiki areas, markets, hiking, surfing, and snorkelling. I was happy to have chance to see sea turtles and beautiful fish. It was amazing !



Hiking with the team

5. What I learned from the program

KMC

The best thing that I learned from the program is “how much I don’t know”. Of course my medical knowledge has increased to some extent through the practice and the teachings, and also I appreciate my improvement in writing progress note compared to the beginning, but the most impressive and important learning from the experience in the hospital in U.S. was that I hadn’t learned medical knowledge or skill in Japan in a way that makes me able to actually see patient and deal with their problems. I noticed in mostly through discussion with medical student in UH. Even if I know sometimes more about rare disease or conditions than him, the 3rd year medical student in UH knew far more about how to assess common conditions and how to deal with them, how to present a case and discuss with uppers. That made me think of what makes such differences between me and them. Students in Hawaii start earlier than doctors to see patients and write notes before doctors come so that they can discuss the case with them on an equal basis. Doctors regard them as their team members and are willing to teach them, which in turn, gives them good feedback and good record. There were some other aspects that I think makes difference in student level between U.S. and Japan. Now I think it was very fruitful for me to see different medical education from Japan and it broadened my perspective and choices of future career.

Dr. Tokeshi’s Dojo

During the practice in Dr. Tokeshi’s dojo, we learned not only skills or knowledge necessary for doctors but also the attitude toward our profession. He always gave us

great teachings on history, way of doctor's life, and meanings of care that are still vivid in my mind. I cannot explain well with my limited vocabulary the atmosphere I felt when I was with him being in bedside seeing him talking to a patient, but it was like a chemical reaction in the air with patient's sadness and anxiety, his sympathy, and relief of the pain. One day when I become a doctor, my practice would be different if it had been not for this experience.



6. Conclusion

Again, I thank all of you who supported me to have this experience and whom I met through this program. I am so grateful for this opportunity and hope this program would provide such a great teaching for future students. I would like to be of any help to those who consider to join this program so please feel free to send me email : sumiresorano@gmail.com. Thanks a lot.

