平成 25 年度

医学科学生海外派遣報告書

個別計画実習第Ⅰ期～Ⅲ期派遣

平成 25 年 10 月

神戸大学医学部医学科

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UPMC Shadyside Family Medicine Medical Student Observership

22-26, Apr, 2013

Tetsuyuki Abe

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Introduction

I was able to join the UPMC Shadyside Family Medicine Medical Student Observership during 22-26 in Apr, 2013. Pittsburgh is located in Pennsylvania, USA. Pittsburgh was called as "Steel City" once, but now it is known as medical city. UPMC of Pittsburgh University employs many people in Pennsylvania.

Dr. Hashimoto, Professor of Kobe University and Dr. Takedai were residents in UPMC. Now, Dr. Takedai is an attending doctor and he accepts Japanese visitors including me to UPMC.

With Dr. Takedai in his office at Family Health Center

Schedule

Monday:	11:00-12:00	Introduction of UPMC by Dr. Takedai
	12:00-1:00	Lunch Break
	1:00-4:00	Outpatient with Dr. Sairenji
	4:00-7:00	Outpatient with Dr. Takedai
Tuesday:	7:00-11:00	Inpatient with Dr. Ruth and Dr. Smith
	11:00-12:00	Radiology round
	12:00-1:00	Lunch Break
	1:00-4:00	Outpatient with Dr. Rau
	4:00-6:30	Outpatient with Dr. RK
Wednesday:	7:00-12:00	Inpatient with Dr. Juan
	12:00-1:00	Luncheon Group study
	1:00-4:00	Didactic session (TIA, therapy of asthma, RCT)
Thursday:	7:00-8:00	Inpatient conference
	8:00-9:00	Grand Round (pelvic congestion)
	9:00-12:00	Outpatient with Dr. Mar
	12:00-1:00	Lunch Break
	1:00-4:00	Outpatient with Dr. Kathryn
Friday:	7:00-11:00	Inpatient with Dr. Hirokawa
	11:00-12:00	Case conference
	12:00-1:00	Lunch Break
	1:00-1:30	Wrap-up with Dr. Takedai
	2:00-4:30	Outpatient with Dr. Ria

Outpatient in the Family Health Center

The Family Health Center is in the small building which is located across the street from UPMC Shadyside hospital. I shadowed the residents usually in the evening. There were many things different from those in Japan. Almost all residents did not wear ether white coats or scrubs. I found that they asked patients about their sexual activities even if the disease suspected of was not related to sexual transmitted diseases. They also taught the patient how to do birth controls. They often used the DEPO shot for

contraception. Doctors and patients usually told jokes and there were laughter during medical interviews, while I had seldom seen such situations in Japan. Residents decided the therapeutic plans and made a short presentation about their patient to their attending doctor.

Inpatient in the UPMC Shadyside Hospital

The conference starts at 7:00 every day and the duty doctors, who are also residents, present about new coming patients at the conference. After the conference, the residents enter medical records of their patients before going the rounds. I had to wait while they entered the medical records or studied up something related to diseases. When the round started, I shadowed one resident and went to see his/her patients.

There was a case conference in a week. What should we do when a patient comes to the Emergency Department? The attending doctor told me that the most important thing was to decide whether we admitted the patient to hospital or not. He taught me much more than I have described above.

Conclusion

Before I visited UPMC, I thought that Family Medicine might be almost the same as the General Internal Medicine in Japan. In General Medicine in Japan, doctors support the rest of patients' lives or their social rehabilitations with considering of their social background. I think, as a recent trend, to diagnose diseases seems to be more important role of General Medicine.

Family Medicine includes so-called minor departments, such as Ophthalmology, Otolaryngology, and Dermatology, and surgery. Actually, I saw two operations, which were resections of benign tumor of the skin. I found that it is not sufficient for Family Medicine doctors if they cannot see a wide variety of diseases.

Practitioners in Japan do the almost same thing as Family Medicine doctors, but I think there are little chances to brush up their skills because there are few rivals. But in the environment like Family Medicine of UPMC, I think it is possible.

I am very grateful to Dr. Takedai, Dr. Hashimoto and all persons concerned to this program.

Exchange Program 2013
University of Pittsburg Medical Center (UPMC)
Shadyside Hospital
Pittsburg, United States

April 1-5, 2013
6th year student, Kobe University School of medicine
Yuki Sakai

Contents

1. Introduction

UPMC Shadyside hospital is located in Pittsburg, USA. Pittsburg is a small city and it is famous for its colleges: Pittsburg University and Carnegie Mellon University. Atmosphere of the city is quiet and safe. Also, it has many professional sports team and famous modern art museum.

My primary purpose of visiting UPMC Shadyside hospital is to know how medical system in the States is and works. Secondary one is to promote my English skill and understand clinical cases in English.

2. Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
4/1～5	11:00～12:00 Orientation with Takedai	7:00～12:00 Inpatient with Inpt resident @3East (Radiology round)	7:00～12:00 Inpatient with Inpt resident @3East	7:00～8:00 Inpatient with Inpt resident @3East	7:00～12:00 Inpatient with Inpt resident @3East
	12:00～13:00 Lunch Break		12:00～17:00 Lunch(Provided)& Didactic Sessions @Herberman 202A	8:00～9:00 Grand Round @West Auditorium	12:00～13:00 Lunch Break
	13:00～16:00 @FHC	12:00～13:00 Lunch Break			13:00～17:00 @FHC with Dr.Takedai
	16:30～19:00 @FHC with Dr.Takedai	13:00～16:00 @FHC		9:00～12:00 @FHC	
				12:00～13:00 Lunch Break	17:00～17:30 Wrap up with Dr.Takedai
				13:00～16:00 @FHC	

Basically, I observed inpatient department in a.m. and outpatient section in p.m. In both sections I followed residents and they introduced me patients. On Wednesday, I had Didactic Sessions and there were case reports and study through experience of birth control device inserted in upper arm. On Thursday I had Grand Round and there was a statistical report about gun-shot suicide.

3. Family medicine

At inpatient section, there was no remarkable diversity from one in Japan. Of course, I joined family medicine inpatient department, so I experienced wide variety of patients. I asked residents to let me follow and had a round with him or her every day. While

rounding, they told me what their patients like and sometimes let me take a simple physical examination. Generally speaking, they were good to me and seemed to have confident. At outpatient section, I saw family medicine in the flesh. Family medicine physicians see all kinds of patients even if they are infants or have psychiatric disease. It was astonishing to me. They spend a lot of time to one patient at least 30 minutes to check him/her systemically and perform many screening tests. I guess it contribute to preventing diseases which happen one after another.

4. My impression

I wanted to visit UPMC Shadyside hospital primary to know how medical staffs work and the educational system in the States. Both of them were achieved during the stay and I am very satisfied. My secondary purpose was to promote my English skill and understand clinical cases in English. I think it was slightly achieved. Residents and fellow doctors were so friendly that I could learn a lot from them. And also patients let me know what is happening to them very well. Especially in outpatient section, I experienced many common disease cases. Understanding patient's story completely was very difficult for me because of lack of knowledge in medical reasoning and English. But I was gradually getting to understand what they say during the stay and they helped me to promote my English skill. Being exposed to large amount of English communication was precious experience. In terms of promoting my English and clinical reasoning, I would like to stay one more week. The duration of stay was long enough to know clinical system in the States, but it was sufficient for me to get to understand clinical cases in English. The length of stay we need depends on our individual aim. I am a kind of shay so it took a few days to get used to stay in UPMC. I regret that I should be more aggressive and communicate with medical staffs more.

By the way, the role of family medicine physician is beyond my imagination. I know that they see all kinds of patients and I assumed that they will introduce patients to specialists in early stage. However they manage patients tenderly in a wide range. Even patients do not have severe problem, they see patients closely and examine screening like depression, obesity and so on. I guess it contribute greatly to prevent disease which is likely to onset if leaved away. In Japan, doctors have no choice but to see patients in a short time. I think it is because the role of doctors is ambivalent. In terms of preventing medicine, American system is superior to one in Japan. Not just in this example, it can be said that American medical system is generally systematic and we Japanese should learn more from it. It is also true that we have different insurance system from the States, so we need to rearrange American one into one which is suitable to Japan.

This visit gave me a clue to another way of thinking and motivated me to work abroad in the future. I appreciate kindness of all persons who involved in this program. Thank you.

Downtown of Pittsburg

Baseball stadium in Pittsburg

UPMC Shadyside Family Medicine Medical Student Observership

4/15-4/19, 2013

Hiroki Sato

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Introduction

I was able to join the UPMC Shadyside Family Medicine Medical Student Observership during 4/14-4/19. For those who may not know about UPMC, it is consisted of more than 20 hospitals and has been recognized as one of "America's Best Hospitals," earning the 10th position in U.S. News & World Report's annual guide. UPMC Shadyside is a 520-bed tertiary care hospital that has been serving the residents of Pittsburgh and the tri-state area since 1866. The hospital has one of the most oldest and renowned Family practice residency or fellowship programs in the United States. Many Japanese Doctors have studied there including Dr. Takedai and Dr. Hashimoto. And today still, the hospital interests Japanese and doctors around the world who wishes to be professionally trained in family medicine.

Schedule

Monday:	11:00-12:00	Orientation with Dr. Takedai
	12:00-1:00	Lunch Break
	1:00-4:00	Outpatient
	4:30-7:00	Outpatient with Dr. Takedai
Tuesday:	7:00-12:00	Inpatient with resident
	12:00-1:00	Lunch Break
	1:00-4:00	Outpatient
Wednesday:	7:00-12:00	Inpatient
	12:00-1:00	Lunch Break
	1:00-4:00	Outpatient
Thursday:	7:00-8:00	Inpatient
	8:00-9:00	Grand Round
	9:00-11:30	Outpatient

	12:00-1:00	Lunch Break
	1:00-4:00	Outpatient
Friday:	7:00-12:00	Inpatient
	12:00-1:00	Lunch Break
	1:00-5:00	Outpatient with Dr. Takedai
	5:00-5:30	Wrap up

Outpatient in the Family Health Center

The Family Health Center is located across the street from UPMC Shadyside hospital. I was allowed to shadow (to follow and observe what the doctors are doing) the residents that were working there. The residents who work there, were mostly on their 1st or 2nd year of training. They were with no doubt competent, they took history and examined their patients with no problem. They looked skilled, experienced and confident compared to the residents in Japan. And every time when the residents see a patient, even the medical students who were shadowing the residents had a chance to take medical history and informed it to them. After the examination ends the residents go to their preceptor and discuss their plans and assessments with them. This system gives a lot of chance for the student to get training and enables the resident to be sure of what he or she should do. I was really envious of them because they were able to get so much exposure to patient care compared to Japan.

(The Family Health Center)

Inpatient in the UPMC Shadyside Hospital

The inpatient starts at 7:00 every day. First the residents on the night shift give a presentation on what kind of patients came to the emergency department on the last night. Unlike the assumption that family medicine does not take care of patients with severe illness, the patients who were hospitalized while I was there had exacerbation of CHF, sepsis and various serious medical conditions. After that we go on rounds. Each resident has around 10 patients at a time which they have to take care of. During rounds they speak to the patients and examine them and write the charts which takes the whole morning to do. There is not much of a difference between what the residents do in Japanese hospitals.

(UPMC Shadyside Hospital)

Conclusion

Because family medicine is not a popular profession in Japan, my aim of this visit was to see with my own eyes how it is performed in the United States. The other purpose was to understand the differences, if there is, between the practice of medicine in Japan and that of the United States.

Family medicine covered a wide variety of diseases than I had thought, having a wide range from internal medicine to orthopedics and gynecology. But it seemed to me that the most important part of it was in its social viewpoint of medicine. To take care of the patient's health problems, one must consider the social and economical situations that

the patient has. This can be said about medicine in Japan too, but the inequality in income is much larger in the United States making this a larger problem for them, thus giving family medicine a greater role in its society.

Though the proficiency of medical practice did not differ largely between the two countries, the way people use communication had a large difference. Doctors in the United States talk and discuss with each other every time they do something allowing them to make the problems they must solve clear. This in my opinion is the largest difference between the two countries.

On the last day of my visit I had time to speak with Dr. Takedai. He said that you do not have to come to America to get good training and that you can get it in Japan too. But working in a country with different cultures and people would be a great experience in your life. I totally agree with him. I would encourage my juniors or anyone who has a chance to study abroad. You will be able to learn something you would have never known if you lived in your own country.

I would like to thank Dr. Takedai and Dr. Hashimoto for giving this wonderful opportunity to me. And all the staff and students at UPMC for all the support and kindness they have given to me.

Exchange Program Report

in Malaysia

International Medical University (IMU)

1st April -26th April, 2013

0883518M　Honami Iwata

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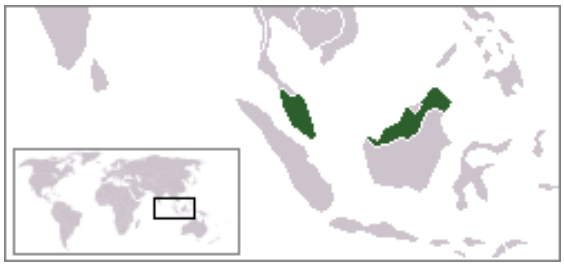


Introduction

➢ Malaysia

Territory : Southern Malay Peninsula and Northern Borneo in Southeast Asia

Total area : :330,000 square kilometers

Population : 28.6 million people

Capital : Kuala Lumpur(KL)

Ethnic composition : Malay 65%、Chinese 26%、Indian8%、others

Language : Malay(National language), English, Chinese（Mandarin, Hokkien, Cantonese etc.）Tamil

Religion : Islam(National religion), Christianity, Hinduism

Climate : Tropical climate, always 32℃（the average maximum temperature) and 23℃（the average minimum temperature)

➢ IMU（International Medical University）

IMU is the first private medical university in Malaysia which was established over 20 years ago. The campuses are located in Kuala Lumpur and Seremban. Because the latter campus is very near to a public hospital, students over Semester 6（3th grade）go there. So I have stayed in Seremban (about 1 hour's drive from Kuala Lumpur) for a month.

Because IMU is a private university, there are students who have various ethnic; Malay, Chinese, and Indian. But the government favors the Malay. Therefore, it is difficult for students except the Malay to enter public universities. So IMU has more Chinese students especially. Though they have their native language and national language (Malay), they have to learn medicine and communicate in English all.

➢ My motivation and goal

I tried to participate in this program, because I wanted to know the medical situation and education overseas, and improve my poor English. And my goals I made are as follows.

①Make an effort to speak with the local people to improve English
②Record what I have noticed and learned in IMU compared to Japan
③Touch actively in Malay culture

Program

IMU is the medical university which has a system of 5 years, and divided into periods of six months each. (Semester 1 ~ 10) For first two years they learn the basic and clinical medicine in the classroom on the campus in Kuala Lumpur, for last three years they learn under the curriculum based on clinical training on the campus in Seremban. Among the various programs; Internal Medicine, Surgery, Obstetrics and Gynecology, Psychiatry and so on, I chose Family Medicine. The reason is that there is little opportunity to learn primary care at Kobe University Hospital.

Basically we had training in clinic in the morning and classes in the afternoon. We were divided into three groups, and acted in 7-8 students. Then alternately, we turned clinic session, MO attachment and MSH session. The three groups had class together at the university. Because each clinic is far about 20 minutes by car from IMU, they have to share and drive a car to go there.

<u>My schedule</u>

I joined Semester 9(5th year) mainly. But on 1st week and part of 2nd week, I participated in Semester 6(3rd year). It is because students in Semester 9 have gone to GP attachment (going to community clinic and learn from the general physician) during the period. And I also joined Psychiatry which is included by Family Medicine program.

☆1st week(Semester 6)

	Monday 1 Apr	Tuesday 2 Apr	Wednesday 3 Apr	Thursday 4 Apr	Friday 5 Apr
0800-1200	MO attachment	MO attachment	Clinic session	Clinic session	MO attachment
1200-1400	Lunch	Lunch	Lunch	Lunch	Lunch
1400-1700	(logbook discussion by posting mentors)	(logbook discussion by posting mentors)	TBL Acute illnesses (including headache & dizziness)		Plenary

☆2nd Week(Semester 6&9)

	Monday 8 Apr	Tuesday 9 Apr	Wednesday 10 Apr	Thursday 11 Apr	Friday 12 Apr
0800-1200	Clinic session	Clinic session	Clinic session	Clinic session	MO attachment
1200-1400	Lunch	Lunch	Lunch	Lunch	Lunch
1400-1530	TBL Chronic illnesses (including Joint pain, Weakness in limbs etc)	Case Discussion on STI	(Meeting with mentors)	Ethics Role Play and Discussion	Evaluation of Eye complaints in Family Medicine
1530-1700		Adolescent sexual health emergency contraception Role Play	Adult presentation		

☆3rd Week(Semester 9)

	Monday 15 Apr	Tuesday 16 Apr	Wednesday 17Apr	Thursday 18 Apr	Friday 19 Apr
0800-1200	TBL on HPT, Diabetes & Dyslipidemia	MCH session	Clinic session	MCH session	Briefing for Psychiatry
1200-1400	Lunch	Lunch	Lunch	Lunch	Lunch
1400-1530	EBM	Women's Health TBL on Post-natal contraception	TBL on Acute illness	Audit	
1530-1700			TBL on HIV Prevention		

☆4th Week(Semester 9)

	Monday	Tuesday	Wednesday	Thursday	Friday

	22 Apr	23 Apr	24 Apr	25 Apr	26 Apr
0800-1200	Home visit	MCH session	Clinic session	Clinic session	Ward work
1200-1400	Lunch	Lunch	Lunch	Lunch	Lunch
1400-1530	Community psychiatry debriefing	Women's Health TBL on Burden of woman cancers in Malaysia Strategies to improve screening program	Women's Health Menopause & Ageing Plenary	TBL on Smoking Cessation and Erectile Dysfunction	Woman Mental Health (Seminar)
1530-1700	Community psychiatry (Seminar)				

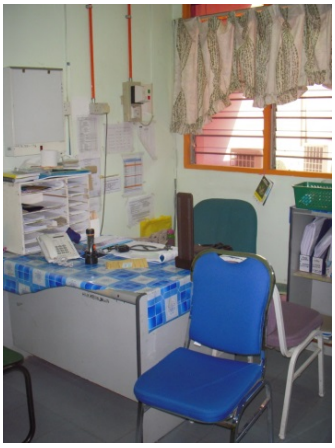
<Clinic>

The public clinic I had training has two stories. There are many outpatient treatment rooms for general internal medicine, general surgery, and psychiatry. And that has lifestyle-related diseases center, maternal and child health center, dental, and obstetrics. There are no hospital beds but it combines a variety of functions such as practice of common diseases, management of lifestyle-related diseases, prenatal and infant check-up. The image is what it unites health care center and Japanese clinic. Because the staff and patients in the public clinic are almost all Malay, examination and conversation will be made in Malay basically. I am not able to understand Malay at all, but I was able to grab an overview as my friends translated to English for me. Below, I show the details of the training content.

- Clinic session

The IMU has an examination room in the clinic, students and doctors surround a desk. A few students ask the educational examination to patients in the waiting room. If they get a consent, the patient is guided to the examination room. First, one of students tries history taking and physical examination. In addition, he also measures blood pressure and blood sugar. They looked familiar with the physical examination. Then, the doctor teaches how to diagnose and knowledge in clinical points. Even after the examination is over, they discuss about the examination. Total time of examination in one patient is over 1 hour, so we can learn a lot from one case in the entire group. As a result, they aim to get clinical examination skills and improve diagnostic ability.

As many patients have diabetes and high blood pressure, doctors have to manage them based on the background of the patient. It is said that sweet spicy food in Malaysia and movement by car have impact this state.



- MO attachment

MO (Medical Officer) is a physician who completed the training doctor of two years. They are considered a full-fledged doctor enough to examine alone. A group is divided into smaller groups, and 2-3 students observe outpatient care in the examination room. The MO teaches us the patient's description and the points of examination. Because there are many patients, he has to examine more efficiently in a short time.

- MSH session

They have a look on the prenatal and infant check-up. Moreover, they observe guidance of daily diet and exercise for a patient who has diabetes. You can learn Malay health care system that supports health of the region and co-medical's work, which does not stay in medicine.

<Class>

- TBL

TBL stands for Task Based Learning and is a lesson that students aim to learn proactively to challenge one. It is not one-way lecture-style like in Japan. The methods vary from doctor but they are common in the point that students can participate in class actively. I had some classes, so I show as follows.

①Differential diagnosis

Some students create the setting of the patient and a case about some symptoms (headache, dizziness, joint pain and so on), and play a role of the patient. Then, other students ask questions to him as interview. After they have almost finished listening, the doctor facilitates students to show the differential disease. And then he tells us how to diagnose in the process.

②Role play

The two representative students play roles of patient and doctor each. They do a role-play scenario that is interview related to Family Medicine, such as

stopping smoking and issues about sex such as contraception, STI and ED. Other students look at the situation. Then, they discuss in whole class about the content that is examination maintaining a good doctor-patient relationship, relations with family medicine and knowledge of the disease.

③Presentation

The doctor gives some task in advance. Then several students study about that and make a presentation in a short time. This theme was about cancer screening in women. After each task, they discuss about the content based on the evidence and the latest medical situation in Malaysia.

④Quiz and test

They answer some quiz about disease that is easy to distinguish in simple clinical findings and pictures such as dermatology and ophthalmology. In another pattern, they each try paper test about practice of hypertension along Malay guideline. After that, they answer together and review the knowledge.

⑤Plenary

First, junior students make a case presentation about a given disease and explain the point of diagnosis. Then, senior students describe the treatment and management. After that, they present about systematic concepts and classification of the disease by theme.

Medical education in IMU

Malaysia was a British colony originally, so IMU has introduced the medical education system in the UK. In addition, they are evaluated by the external institution regularly to improve the quality of education. University doctors and professors not only engage in clinical practice but also specialize in medical education. So they can spend a lot of time to prepare for education and contact with students for a long time.

Students have a mentor who they can consult the worries and outcomes of their learning. The mentor is a doctor and students have time to meet the mentor in schedule. And they have a logbook each. On the logbook they record summary of patients and what they learned that day. Moreover, the doctor writes down their evaluation. In addition, by creating a portfolio in which students summarize the own evaluation and learning outcomes by themselves, they can recognize their growth and find new challenges. They show the portfolio to the mentor and get advice.

As you can see from the curriculum, medical education in Malaysia is participatory. Students examine patients in practice, they work in class proactively. Therefore, students try to ask some questions and make many remarks each time. Learning is more efficient.

Daily Life

I and Manaka stayed at host family house around 15 minutes' walk from IMU. It is quite a big house, but there are only two people, Anty Sally and a training doctor Jason, and two dogs now. Because I was satisfied with daily life except meals, I could make myself comfortable. Since we

couldn’t go to restaurants and supermarket by walk, our friends picked us up and ate with them every time for lunch and dinner. We ate almost all local food such as Malay, Chinese, Indian food. Prices are cheap, for example, you can be full if you pay around 200 yen. Therefore, we were also able to go to a little rich restaurant.

Malay food

Chinese food

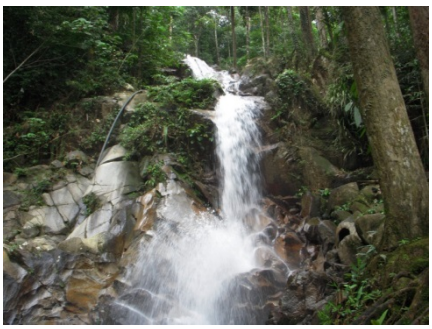
Indian food

Thai food

Malay desserts

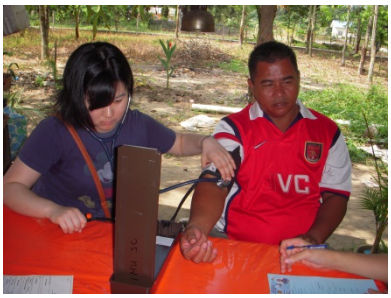
Tropical fruits

On holiday our friends and Jason took us for sightseeing by car. We went to Kuala Lumpur (night bars, shopping, Twin Towers, Batu Caves, pewter museum), Malacca (World Heritage Site), the old palace, and waterfall.



Malaysia

In addition, we luckily could participate in Kampung Angkat that is part of a university project. Kampung means “countryside”, and Angkat means “care” in Malay. Students do a health check of those who have less opportunity to go to the clinic because of far distance. The native have lived with nature there, and it is very different from the city. We were divided into some groups of 7-8 students and visited the home with a doctor. Then, we conducted the health check of the whole family and recorded the result. We also advised to improve lifestyle and go to the clinic if needed. This experience was most impressive for me.



Culture and National character

Because Malaysia is a multi-ethnic country, various cultures, religions and concerns exist. You will hear Muslim's pray five times a day, see Chinese decoration at the door and watch an Indian movie at the restaurant. The government tends to favor Malay, but actually it seemed there is no discrimination and conflict because of race. In particular, students in IMU get along very well. So they share one house and live together. Many people in Malaysia are kind and gentle, and I was helped by the national character. Especially my friends took care of me very much about everyday meal, class, sightseeing, departure and so on. On the other hand, because they are very interested in Japanese culture such as manga, anime, music, idle, and variety programs, we talked a lot.

↑Dr. Jason

←with all guys in BHIS
(Best House in Seremban)

↓the friends who took care of us most↓

Looking back

Based on my goal I made before departure, I look back on exchange student life.

①Make an effort to speak with the local people to improve English

→Taking into consideration that it was the first time almost to hold a conversation in English with foreign people, I think that my English has progressed. It is because I could live a daily life communicating with them. At first I was confused in English to express feelings honestly, but I got accustomed gradually. However, I was not able to express well what I wanted to tell often. So I realized that my English skill is still not enough.

②Record what I have noticed and learned in IMU compared to Japan

→I am lazy but could record what I looked back every week. I summarize the comparison of medical education in Malaysia and Japan below. It was the most impressive difference.

Contents	Malaysia	Japan
Periods	5 years (every six months)	6 years
Beginning of clinical training	from 3rd year	from 5th year
Clinical training form	participatory mainly	observation mainly
Class style (mainly)	discussion	lecture
Doctor's main role (in charge of education)	education mainly	practice mainly
Evaluation	attendance, report, portfolio, practical exam, paper test	attendance, report, paper test (almost all past questions)
Language	English	Japanese
Students' character	active	passive
After school	study, hobbies, entertainment	club activities, part-time job
Place for clinical training	ward in hospital, clinic, home visit	ward in hospital mainly, medical facilities and clinic seldom
National exam	※none	after graduation exam

※only universities approved by the government

③Touch actively in Malay culture

→I could touch a variety of food, religion, language, location, history, play, politics, thinking and so on due to nice friends.

Acknowledgments

I learned a lot of things and made precious experience through this program. That raised up my motivation for medicine and English. And I enjoyed life in Malaysia so much. I love Malaysia and people there!!

I really appreciate Ms. Miwa, Dr. Shirakawa, Ms. Wan and my parents to give me such a wonderful opportunity. I also thank a lot to Manaka, Anty Sally, Dr. Jason, all my friends and doctors of IMU, who supported me in Malaysia.

with all of my classmates

Elective Program

Hospital Tuanku Ja'afar,

International Medical University (IMU),

Seremban, Malaysia

April 1st - 26th, 2013

Manaka Mori

Kobe University School of Medicine

Contents

1. Introduction

I had the opportunity to study in Malaysia from April 1st to 26th, 2013. I studied Internal Medicine and Surgery in IMU.

It was first time for me to go to Malaysia. I was confused the culture of Malaysia for the first time, so I would like to show you some of it. The culture in Malaysia is “Mixed” in a ward. Races, languages, regions….everything are mixed. There are mainly Malay, Chinese and Indian. People speaks Malay, English, Chinese or Tamil(Indian language).

2. IMU

IMU has two campuses. One is in Kuala Lumpur(KL) and the other is in Seremban. Seremban is a rural area, about one hour from KL by car. The curriculum of medical school in Malaysia is 5 year. It is divided in 10 semesters. Students study the basic medicine in KL until semester 5, then start clinical practice in the hospital Tuanku Ja'afar in Seremban from semester 6. I joined semester 9 students.

There is a rule to speak English in campus.

Students must dress properly and decently on campus. The dress code for male students; Collared shirt, Long trousers, Formal shoes. No sport shoes, sandals. For female students; Blouse with knee-length skirt or knee-length dress, Long pants, formal shoes. No sport shoes, sandals.

3. Internal Medicine

Schedule
8:00am-9:30am Ward Work
9:30am-12:30pm Case Presentation
12:30pm-2:00pm Lunch
2:00pm-4:30pm TBL

The ward

Ward Work

Students go to see patients every morning. When patients don't speak English, my friends translated in Malay or Chinese to English. Sometime they allowed me to interview and examine patients. Then we saw medical records and discussed about condition and treatment of them. In the Internal Medicine ward, I saw many kind of patients. For example, SLE with APS, pneumothorax, and Basedow disease. I could see many typical cases I have never seen in the hospital in Japan.

Case Presentation

It was like the educational round. Students gave a presentation to doctors and they taught about patients, how to exam them and how to make a diagnosis. Their way to make a diagnosis was very clinical and logical. It was very good study for me.

TBL

Students gave a presentation to classmates and doctors, then discussed about the theme. The discussion was very active.

4.Surgery

Schedule

8:00am-9:30am Ward Rounds

9:30am-12:30pm OT or Case Presentation

12:30pm-2:00pm Lunch

2:00pm-4:30pm Clinical Skill

Ward Rounds

In Surgery department, I went to the surgery ward and saw patients like Internal Medicine department. I saw patients with common disease whose appearance were extreme. For example, rupture of the gallbladder and very big stone in the bladder.

OT

I saw the operation of debridement of the patient who had buned in explosion. The semester9 student asked doctor to help him as the first assistant. I was surprised that students can be the first assistant.

Clinical Skill

Doctors taught us clinical skills like drainage, ligation of hemorrhoids and lumbar puncture. They used apples to practice lumbar puncture. It was really fun and good opportunity for students to be interested in surgery.

With the surgeon

Practicing lumbar puncture

5.Daily life

The house my Japanese friend and I stayed was far from town and not convenient, so my friends helped us in many scenes. They often brought us to dinner. Foods in Malaysia tastes strong, spicy and sweet. Tropical fruits were really nice.

After school, we did some activities. They asked us to play badminton. Badminton is popular in Malaysia, so I recommend my juniors who will go to Malaysia to practice it before leaving Japan.

Playing Badminton with friends

Nasi Lemak

Coconut juice

6.Weekend

In weekend, my friends brought us to sightseeing to KL and Malacca. Both are 1hour from Seremban by car. There are some sightseeing spots in KL. The Petronas Twin Towers were very high and beautiful in the night. Malacca is the city which was listed as a UNESCO World Heritage Site. It has the history that had been under Japanese occupation. The sight and foods in Malacca were very nice.

The Petronas Twin Towers

Malacca

7.Conclusion

This elective program is precious experience for me. The biggest reason is that I made many friends in Malaysia. They were hardworking and wise, so I was stimulated to study medicine more. I talked about difference of medicine in Malaysia and Japan with them. It was good chance for me to see Japanese medicine from outside and broaden my horizons. Furthermore, I could learn English medical terms. It will be useful when I will be a doctor. In a lot of ways, It was good study and good experience for me. I greatly appreciate to all people who supported me in this program.

With people whom I stayed with.

Hawaii University

Kuakini Medical Center
2013. 6.3 - 6.28

Kobe University Faculty of Medicine

6th year Shota Myojin

Hawaii

As anyone knows, Hawaii is one of the popular places to visit among Japanese tourists, and I myself am a big fan of this “paradise”. Fortunately my parents took me and my brother to Hawaii a couple of times when childhood, so it is a little bit familiar for me to visit there, but during this amazing 4 weeks I had experienced so many things I’ve never had and had totally refreshed my image of Hawaii.

First, I would like to thank everyone who helped me make my visit successful, including Ms. Miwa, who gave me a lot of advices from the very beginning, and my parents, who were always behind me and let me make this visit possible.

Kuakini Medical Center

My rotation was coordinated by University of Hawaii (UH), but it has no University Hospital, so I was doing 4 weeks rotation in Kuakini Medical Center (KMC), one of the institutions affiliated with UH. KMC is run by the Kuakini Health System which also runs geriatric care facilities and a foundation.

The organization started as the Japanese Benevolent Society in 1892 and incorporated in 1899. The first Japanese Charity Hospital opened in 1900 and expanded in 1902. A larger facility was built in 1917 at the present site with donations from Emperor Taisho of Japan. In 1934 Emperor Showa of Japan donated funds for more expansion. After the attack on Pearl Harbor in 1941, the US military occupied the hospital during World War II and renamed it Kuakini Medical Center, after the street. The street was in turn named for John Adams Kuakini (1791–1844) who was acting Governor of Oahu in the 1830s.

Kuakini Medical Center

KMC is a very small hospital with 250 beds, but hospitalization length per patient is quite shorter than that in Japan, so I could experience various kind of common diseases. As you can imagine from its history, a great number of patients and employees including M.D in KMC had Japanese roots. I heard that around 50% of the

inpatients of KMC were Japanese, and some of them could actually speak a little Japanese (but I mostly spoke with them in English as it seemed to be confortable for them).

Accommodation

During 4 weeks, I was staying in the apartment just beside KMC with a roommate, Kenta from Kanazawa University. It cost $750 per each person to stay there and there were no other choices about accommodation. The room was way less than flattering, since the neighbors were noisy all day long, and the area didn't seem to be well-maintained. I can't recommend female students walking at night around that area, but it was at least a convenient place to live in for a month for me because there were many shops, restaurants, and bus stops around the apartment. If you are visiting Hawaii for a leisure, you would NEVER stay in such a local area, so I think it was one of the valuable experiences to live as local people did there.

Clerkship

Team Care (6/3-6/21)

First three weeks of my rotation was team care at Kuakini Medical Center, and I was assigned to Team C with Dr. Karen Dang (Internal Medicine resident level 3), Dr. Bradley Tokeshi (level 2), Dr. June Onitsuka (level 1, intern), and Mrs. Jennifer Lee (Jen, Medical Student of University of Hawaii, 3rd year).

Team members, and their work

There are 4 teams from team A to D in Kuakini's internal medicine, and each team is consisted with Attending Physician, Resident, Intern, and Medical student. Attending physician is typically a faculty member at a medical school (clinical or academic) who has been assigned to be the leader of the team. The Attending's primary goal is to ensure that the patients assigned to the team receive the best

Team C (Brad, me, June, and Jen)

possible care. Providing a solid educational experience for resident, interns, and medical students is also an important goal. The attending is responsible for evaluating all team members. The team's contact with attending is usually limited to attending rounds, a period of time during the day in which the entire team meets. The resident physician is a house officer who, at the minimum, has completed an internship. Second in charge, the resident (along with intern), under the guidance of the attending, formulates a treatment plans for the patients assigned to the team. The resident then makes sure that the interns and medical students, implement this plan. The resident is also responsible for teaching the junior members of the team. And by definition, internship refers to the first year of residency training that follows medical school graduation. Next to medical students, interns are the most junior members of the team. They are responsible for executing the treatment plan. Interns have a lot on their plate, which is why they needed to function quickly and efficiently to accomplish the day's patient care activities. Medical students usually interact the most with the intern, since he or she will also follow the patients assigned to them. Medical students followed 3 patients on average at the same time, and they had to do pre-round BEFORE their uppers came to the hospital. Pre-round includes seeing their patients, asking nurses if any acute event occurred over night, and making their own medical charts in SOAP fashion. This means medical students usually have to start their work around 4am.

ICU Round
UH students present their case

Observer - it's me!

As an elective student, I was treated as an "observer". There were 4 observers, 2 from Ryukyu University, 1 from Kanazawa University, and me. We observers were made sure that we couldn't do anything by ourselves including touching patients, and checking electronic charts. Actually, to prevent some visa issues, officially, observers are not allowed to do those things at all. So, I was not supposed to follow

any patients, and write medical charts, but I asked my uppers if I could do those with Jen for my experience. Residents in my team seemed not having got used to how to treat observers, but they allowed me to behave as UH students did. It seemed it was totally up to the members of the team what kind of things observers could do. In my case, fortunately, I could do any physical exams or procedures which JABSOM (John A Burns School of Medicine, UH faculty of medicine) students were allowed to do only when I was with someone of my team. So I was mostly with Jen, and took care of the patients assigned to her together. I was always trying to make my own medical charts, and ask Jen or uppers if there were any questions. My uppers were kind enough to check my charts regularly.

Daily schedule

I was shadowing Jen, so I usually woke up 4:00AM, and started pre-round at 4:30 with her. After pre-round, we joined June (intern), who arrived at the hospital around 5:30 am, and did brief morning report about our patients. Around 6:30 am, the whole team members gathered, and started daily morning round. During the morning round, medical students had to present the progress of the patients who were assigned to them to their residents, or attending. From 9:30 am, 4 teams gathered in ICU to do ICU round, in which residents and students presented about the patients in ICU each other to make sure their therapeutic strategy were reasonable and proper. After ICU round, each team went back to their daily work, seeing patients, writing charts, admission or discharge summary. Students were needed to finish their work by ICU round, so after that they had nothing to do except for following their uppers. Almost every day, our uppers gave me and Jen some assignments to kill time, and we had to present what we looked up after a few hours. In the evening, attendings from various departments sometimes gave us about one hour lecture, which ranged from PBL style lectures to basic learning of physical examination, and so on. After these lectures, our daily

Daily Schedule in Team Care	
4:00	Waking Up
4:30	Pre-Round
5:30	Morning Report
9:30	ICU Round
12:00	Break
15:00	Lecture

Examples of Assignments
Hyperkalemia
Lupus
AKI
Sepsis (Early Goal Directed Therapy)
ACS
Decompensated Congestive Heart Failure
Thrombocytopenia
SIRS criteria
Dizziness (Menier vs BPPV)
Dix Hallpike Maneuver and Epley Maneuver

duty was over, so it was up to us what to do, such as asking some questions to residents, looking up about the assignments, or going to the beach! Each day of team care, if it's not an on-call day, we could leave hospital around 3 pm.

On-call

"On-call" denotes the time period when you admit new patients onto the service. We had on-call every 4 days, and we had 10-15 patients on average in the team. The residents and intern had to work for day and night shift on "on-call day", but students didn't have to spend night in the hospital on every call day. I heard that JABSOM students had to do on-call with their team only once during their rotation in Kuakini, and Jen had finished hers, so I didn't have to do it during those 3 weeks. Anyway, for newly admitted patients, we usually did history taking, had discussion about the initial care, made decision whether we hospitalized them or not.

Tokeshi Dojo (Family Medicine at Dr.Tokeshi's clinic) 6/22-6/28

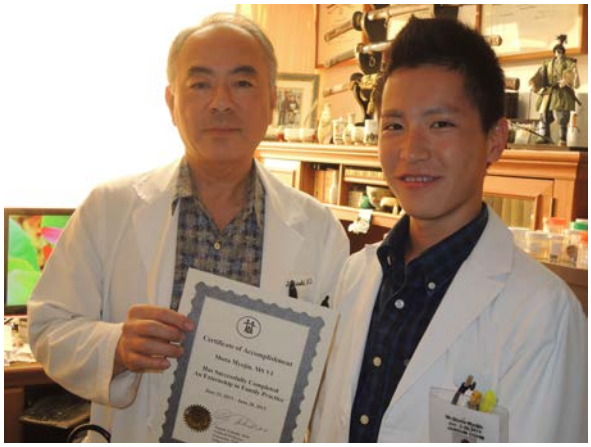
Dr. Tokeshi is originally from Okinawa, and moved to the U.S. after graduation from high school. He's one of the first graduates from Hawaii University Faculty of Medicine (at that time it was not called as JABSOM). After graduation from University, he started his residency at University of Michigan, and came back to Hawaii to open his clinic (Family Medicine).

Rotation in his clinic is famous among UH students, for its tight schedule and so many works to do. I think this is one of the reasons why this rotation is called as "Tokeshi Dojo" by UH students, and residents. Before I started my rotation with Dr. Tokeshi, I was really nervous since I had seldom read the "survival manual" he sent to me (it is nearly 1000 pages PDF, actually), and I was not really sure I could get through with so many patients to take care of. But after finishing "Dojo", these worries and fears turned out to be groundless, on the contrary, and I've found this only one week rotation in Dojo to be life-altering experience. I've never met a doctor who is so dedicated to the patients, and has such a noble character as Dr. Tokeshi.

Family Medicine

I don't know much about Family Medicine, but what I've learned from Dr. Tokeshi's clinic is that it is a division of primary care that provides continuing and comprehensive health care for the individual and family across all ages, genders,

diseases, and parts of the body. Of course patients can select their primary care physician, but it seems that every family is taken care of by their family physician through many generations. When a patient has any health problems, he/she contacts with his/her family doctor if it's not an emergency, and family doctor decides if the patient needs further evaluation, and hospitalization. When a patient needs hospitalization, the family doctor transfers the patient to a hospital, and even while his/her hospitalization the family doctor keeps on taking care of the patient with team care physicians. What I thought interesting was that any kind of medical information about their patients were notified to the family doctor even when the patients visited the other office, and this made easier for family physicians to follow their patients. So, family physicians have responsibilities to take care of their patients, it doesn't matter they are in-patients or out-patients.



Graduation Ceremony of Tokeshi Dojo

About Dr. Tokeshi, his clinic was located in Kuakini Physician's tower which was one of the buildings of KMC, so if he usually transferred his patient to Kuakini in need, which enabled him to take care of his in-patients even when he had a work in his clinic.

Daily schedule

I and other 2 students who were doing a rotation in Dojo had to take care of all the in-patients who were taken care of by Dr. Tokeshi. There were around 20 patients in total, so each of us had 6-8 patients to follow. Most of them were residents of Kuakini Nursing House, and the others were in-patients of Kuakini Medical Center. Our work was to see these patients, ask nurses if there were any acute events overnight, and finish writing their charts before 6:30

Daily Schedule in "Dojo"	
3:30	Waking Up
4:00	Pre-Round
6:30	Attending Round
7:30	Discussion and Small Talk
8:00	Clinic
12:30	Break (Lunch)
14:00	Clinic
16:30	Evening Round
19:00	Go Home!

AM when attending round began, so I usually woke up 3:00～4:00am and began pre-round around 4:00-4:30am. During attending round, we went to see in-patients with Dr. Tokeshi and had discussion about the patients. After attending round, around 7:30 am, Dr. Tokeshi gave us small talk about his philosophy as a physician, history especially about westernization of Japanese Medicine, and history about Western Medicine. He told us how important it was to learn about Japanese history and culture as a Japanese. After these small talk, we moved to his clinic located in 7th floor of Kuakini Physician's Tower. In the clinic, Dr. Tokeshi let us do interview and physical examinations, and taught us the correct and effective way to do these tasks. Some patients didn't want to be interviewed and examined by students, but almost all of his patients were cooperative since they knew well about the Dr. Tokeshi's work including education. Clinic in the morning usually was over around 12:30pm and we could go out to have lunch, and came back again around 2pm to see other patients who were visiting the clinic in the evening. After clinic was over around 4-5pm, our work was to round again only by ourselves, and if we found anything to report, then we could make phone calls to Dr. Tokeshi to get some advices. I didn't have enough time to talk with the patients who were assigned to me in the morning pre-round, so I tried to take enough time to talk with the patients in the evening round. Around 6-7pm, we could go home finally.

Dr. Little's Presentation Class

On Thursdays, from 5:00PM, there was a case presentation class held by Dr. Doric Little, who used to be a professor of speech in Honolulu community college. She teaches how to present a case in English to medical doctors from oversea, especially Japanese doctors. She also teaches to Japanese medical students like us, and in annual summer English Workshop in Hawaii Tokai University.

Presenting case to Dr. Little

In this class, I presented the case I had experienced in team care or clinic of Dr. Tokeshi. I had to make full-presentation, which consisted with Opening Statement,

Chief Complaint, History of Present Illness… and so on. During I was doing a presentation, Dr. Little pointed out some language problems like pronunciation. This was quite valuable, because not so many English speakers wouldn't do so when they understood at least what I wanted to say. There were many pronunciation problems I hadn't noticed by myself, and I was really happy to know them.

Off

Especially during 3 weeks of team care, I had much more free time than I imagined, this was because each day was over at some point of 12pm to 15pm. About weekend, Saturday was completely free after 12pm, and Sunday was all day off. So I made a lot of excursions during my free time. I went to Waikiki area so many times during weekdays, and went to North Shore, and Kailua on Sunday. Sometimes UH students took us out to dinner or club, and there we talked about a lot of things such as life in Hawaii, our future, and so on. I enjoyed much Hawaiian Food, such as Locomoco, Mahimahi, Shave Ice, Saimin, Malasada, and Pan Cakes. The good point of UH clerkship was that not only I could learn a lot of things in the hospital, but also enjoy my stay in Hawaii enough by visiting beaches, museums, and the other sight seeing spots.

After 4 weeks in Hawaii

I was satisfied with the clerkship in Japan mostly, but seeing UH students working so hard as if they were training doctors, made me realize that what I was doing in

Japan was the minimum possible and there were much more things to do and think about if I tried. It is natural that UH students are doing their best in their rotation because their evaluation during rotation is really important when they apply for the residency program after graduation from the University, but I was totally impressed by their ability to write medical chart in SOAP style by themselves so easily, their attitude toward the patients, and how important part they were playing in the medical team.

In Japan, I think I always made some excuses in my head when there were something I couldn't understand during the clinical clerkship thinking "I don't need to understand this since this is too specialistic for students. I'll understand this after I become a doctor". Of course I think I wasn't supposed to work as a training doctor, but at least I could have tried to do so for my experience. I've realized that I have spoiled myself in most of my clerkship in my 5th year. If I could experience these 4 weeks much earlier, my clerkship in Japan would have totally changed in a good way. I'll never forget what I've learned and thought in Hawaii, and want to try my best to treat patients.

If you have any questions about UH clerkship, feel free to contact me.
SHOTA MYOJIN: shotamyojin@gmaill.com

Clinical clerkship in Hawaii

2013.4.1-2013.4.26

Marie Asai, 6 year student of Kobe University School of Medicine

I experienced my clinical clerkship in University of Hawaii in Honolulu from April 1st to April 26th 2013.

1. About Kuakini Medical Center (KMC)

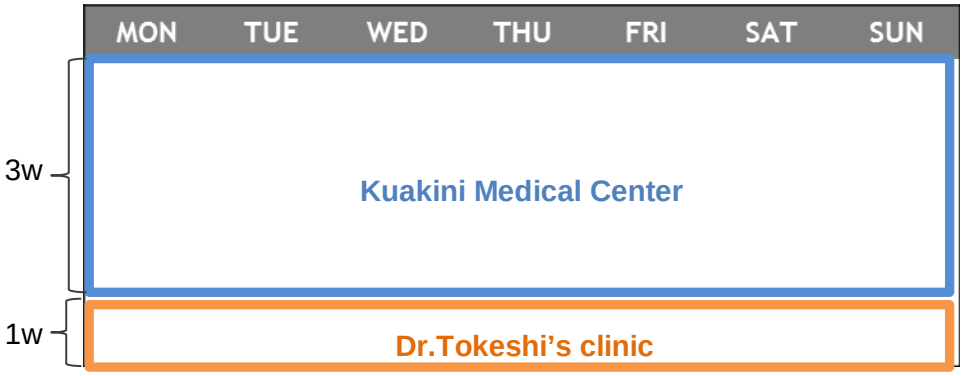
In the late 1800s the sugar plantations in Hawaii were booming and the contract laborers were the backbone of the industry. Between 1885 and 1900, over 70,000 Japanese immigrants crossed the Pacific Ocean to Hawaii to work in the flourishing cane fields. In July 1990, soon after one fire left thousands of Japanese immigrants without homes, food or clothing, the Japanese Benevolent Society, one of the Japanese charity groups, built a hospital containing 38 beds called the Japanese Charity Hospital, the origin of Kuakini Medical Center (KMC).

KMC is currently a 250-bed acute care hospital. KMC is a community teaching hospital affiliated with the family practice, medical, surgical and transitional residency programs at the University of Hawaii School of Medicine.

(Kuakini Medical Center)

2. Schedule

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



3. Internal medicine program

In the internal medicine department, doctors and students were divided into four teams and each team was consisted of a resident, an intern and a 3rd year medical student of University of Hawaii. During my clinical clerkship, I joined one of the teams. Every four days, residents had a duty at the emergency medicine department. At the emergency room, they did history taking and physical examination, made assessment and plan and then provided patients with treatment. The team followed the patients who had admitted to the ward or ICU on their duty. Every morning, around 5 a.m., medical students saw their patients, made assessment and plan and wrote it down on their charts before residents and interns came. To inform residents of patients' condition was an important work for medical students. It sometimes seemed to be difficult to make assessment and plan by themselves, but medical students enjoyed discussing it with residents after receiving feedbacks from the residents. Medical students were willing to involve in the management and care for the patients and residents regarded them as team members.

Day Schedule

5:00 Rounds with medical students
7:00 Rounds with residents
8:00 Morning report
9:00 Attending rounds
10:00 ICU rounds
11:00 Patients' care in the wards/On-call
17:00 Sign outs

Lectures for residents and medical students were included in the daily schedule. The topics of lectures were chosen so that residents and medical students could use the knowledge in their daily patients' care. Some examples were as follows: how to interpret ECG or chest X-ray and the approach to acute kidney injury. The lectures were always so interactive that medical students could freely ask questions and discuss them with doctors. Residents and medical students had case discussions twice per week as a morning report where residents introduced cases they had experienced. In the case discussion, systematic approach for diagnosis with comprehensive differential diagnosis was thought as important. Every Saturday morning, EBM meeting was held where a resident introduced the paper he or she was interested in and had a discussion about it. It looked a good training for residents and medical students to practice how to scrutinize papers and apply them to their patients.

(With the resident, the intern and the medical student of the team I joined)

4. Dr.Tokeshi's clinic

Dr.Tokeshi is originally from Okinawa. He has been working as a family doctor after graduating University of Hawaii School of Medicine. Under the medical system in Hawaii, each person has his or her own family doctor. When people feel sick, they first go to see their family doctors and then family doctors decide whether more advanced examination or treatment in the hospital is needed or not. Family doctors deal with all medical problems from babies to old people and they take an important role for people’s health. To make people be in their good health, Dr.Tokeshi never stop his study of medicine.

Our first job in the morning was to do morning rounds in KMC and nursing home and to report the patients’ condition to Dr.Tokeshi before the rounds with him starting at 6:30.

At his clinic, we practiced history taking, physical examination and blood testing. In every three month, patients took scheduled checkup and control their health condition, for example by controlling their blood pressure and blood sugar with diet or medication. We learned the way of his physical examination from the head to feet and blood testing. Dr.Tokeshi always did in a formulaic way and never wasted motion as he did in Japanese budo.

When his patient was admitted to KMC, we took history and physical examination, made assessment and plan and dictated the chart. With residents in internal medicine, we followed the patients every day. In these days, some family doctors leave their patients up to the hospitalists when their patients are hospitalized. But Dr.Tokeshi keeps his way to see his patients wherever they are as he did in the old days. His patients were looking forward to the visit of Dr.Tokeshi and relieved to see him.

At the nursing home, we visited the patients every morning. We checked vital signs, asked staffs what the patient had been like and wrote their progress note. By visiting the nursing home, we could follow the patients continuously after discharging from KMC. We visited other nursing homes in the weekends.

During my clinical clerkship at the clinic, Dr.Tokeshi taught me a lot of things which were important to be a doctor. He told me that patients were at the top and doctors were on the bottom serving the patients and he behaved in a humble attitude as he said. In addition, thanks to his much interest in Japanese culture and split, we appreciated Japanese culture such as Iaido and tea ceremony and realized the beauty of our own culture and split.

Day schedule

3:00 Morning rounds at KMC and nursing home
6:30 Rounds with Dr.Tokeshi
8:30 Outpatient clinic
12:00 Lunch
13:00 Outpatient clinic
17:00 Evening rounds at KMC and nursing home

(With Dr.Tokeshi)

5. Dr. Little's class

Every Thursday, Dr.Little, an expert on medical presentation, taught us how to make a case presentation. We were prepared to make a case presentation based on the case we experienced in Hawaii and she gave us advice on our presentation. She made our pronunciation easily and correctly understandable. Through her class, I learned how important it is to deliver information correctly by paying attention to pronunciations and expressions.

(At the Dr.Little's class)

6. What I learned from the program

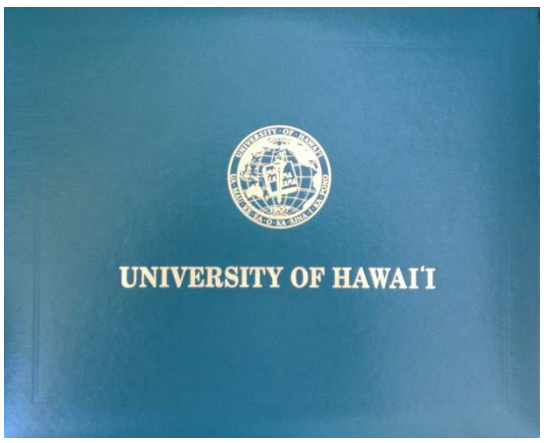
During my stay in Hawaii, I met a lot of people and every encounter was precious for me. When doctors in KMC taught us medicine, I was amazed how they had broad knowledge of medicine in spite of their specialties and how they taught us medicine well at the bed side. I would like to be an internal medicine doctor like them. Residents in KMC came from various countries and they seemed to enjoy their work although it was sometimes hard for them. Experiencing how the training for internal medicine was done in the residency program broadened my choices of future career. Medical students of University of Hawaii tried to be involved in the patients' care as a team member. Their attitude to study medicine stimulated my motivation for medicine.

One of the most important encounters was meeting Dr. Tokeshi. He told us that doctors were servants of patients and should always keep having "Gotoku". His story impressed me a lot and I was aware of the meaning of being a doctor. I was the lucky person who could meet him before becoming a doctor.

During my clinical clerkship, I also met a lot of patients. Many of them are elderly people and they had more than one problem. It enabled us to learn how to approach their problems in a comprehensive way. Especially, I met two patients whom I will never forget. One patient could not take surgery and just waited for dying. What I could do was only to listen to his feeling and to hold his hands. He made me think of what we could do for the patients who couldn't receive any treatment and had no choice but to wait for dying. The other patient had complicated problems and they made a diagnosis difficult for doctors. I realized how important it was to tackle with the difficult problems by systematic diagnostic approach though it looked complicated and not to give up. Patients always taught me a lot. Every encounter in Hawaii made my life fruitful.

7. Acknowledgements

I would like to express my deepest gratitude to all the people who helped me to have such a wonderful experience, especially Ms.Uchima and Ms.Miwa, coordinators of this program in University of Hawaii and in Kobe University, doctors, residents and medical students in KMC, Dr.Tokeshi, Dr.Little and patients.



National University Hospital of Singapore

April 14-29, 2013

Kobe University School of Medicine

Shunsuke Yamanishi

1. Introduction

First of all, I would like to show my all gratitude to those who helped me in Japan, especially Ms. Miwa, and in Singapore, especially Mr. Gian, Ms. Hazel, and Ms. Jacqueline.

Two weeks in Singapore were the most memorable time in my whole life and changed something in my heart.

In this report, I'll show you what I saw, felt and thought through my externship in Singapore. I hope this report will help you juniors to think joining this program.

2. Otolaryngology in NUH

In Japan, I heard that medical standard in Singapore is higher than that of in Japan. I wanted to compare them. In addition, I was interested in otolaryngology because it includes both clinical examination and operation. This is why I decided to do externship at otolaryngology in NUH.

Doctors

In Singapore, there are two kinds of doctors; one is "General Practitioner" and the other is "Specialist." Patients firstly go to general practitioner, and if their diseases cannot be cured, then they are introduced to specialist. In NUH, both general practitioners and specialists are working. I was mainly attached to specialists for two weeks and once a week, I observed operations and general practitioners' clinics.

Left: With Dr. Thong
Right: With Dr. Ngo

They were all kind to me and let me as many exams as possible. They can speak both English and Chinese and changed their languages from patient to patient. It was sometimes difficult for me to understand what they said because the speed of their speaking English was really fast. But within a few days, I accustomed to their speed and began to understand them.

Students

During my externship at ENT, two 5th year students of NUS were also studying at ENT and we became friends. They were very wise and knew a lot about Japan, such as the name of prime minister and Kobe Beef!! Medical students in Singapore have to write a thesis by the time they graduate. I was really surprised to hear it.

With Singaporean friend

They were also very kind and introduced me where to go on weekend and what to buy for coming-home present.

Next section, I'll introduce what I did on my weekend and many delicious food of Singapore.

5th year students of NUS

We still get in touch with each other on Facebook!!

3. Daily life

Accommodation

I stayed in a dormitory just next to the hospital and it was bed-and-breakfast inn. In the room, there were a desk, a chair, a refrigerator and two beds (I don't know why.)

Resident director, Ms. Jacqueline took me to dinner and a movie when she was nothing to do with. I'm truly thankful for her.

My room

Food

There are a lot of food courts everywhere in Singapore and they sell many countries' foods. It costs only 3 to 4 Singapore dollars for a meal, so people usually eat lunch and dinner, sometimes even breakfast at food courts. I enjoyed Thai, Indonesian, Chinese, Filipino, Singaporean, and Japanese foods.

Chinese food

Indonesian food

Bak kut teh (Singaporean food)

Popular Singaporean food

Pilipino food

Sightseeing

As I had four days available for sightseeing, I visited many famous places. But, there are so many places to go in Singapore that I felt four days were insufficient. So juniors, play every night…with a bit of study!!

Marina Bay Sands

Scenery from top of the MBS

Mar lion

In front of casino in Sentosa

Clarke quay

Gardens by the Bay

With my precious friends

4. Conclusion

Again, I express my deepest gratitude to all who supported me. Through this program, I could learn a lot about medical treatment, culture, and so on. I do recommend my juniors to join this program and change something in their heart. I'll never forget this experience and people who I met. Thank you.

Elective in Department of Infectious Diseases

0813587M　Arisa Yashima

I have had a two weeks' elective course at the Department of Infectious Diseases in Singapore General Hospital. Things below are what I have seen and learnt there.

-Ward

I attended the morning ward round everyday. To overview, the kinds of infection were almost the same as what we have in Japan, for example Tuberculosis, HIV or abscesses. The ID department in SGH has own inpatients while it is limited to reply the referrals in Japan.

-Clinic

More than half of them were HIV patients. Mostly, patients were followed up in clinic after infection. Needed to see some complicated problems, ID Clinic to some extent played a role of general medicine here.

-Out Patient Antibiotic Therapy (OPAT)

Patients are given antibiotics through peripherally inserted central catheter (PICC) inserted from their arms. The advantages of PICC are lower risks of infection and no need of changing. OPAT helps patients returning to works.

-Traveller's Clinic

Traveller's clinic does not only give vaccination and tablets but also give advices regarding preventions and country-specific recommendations such as care in the sun, food, water and accidents.

-Antimicrobial Stewardship Programme (ASP)

Doctors and pharmacists discussed if the kinds, doses and length of treatment were correct for those who were treated with antibiotics. If needed, they change or quit the antibiotics to give more effective treatment or to avoid side effects and resistance.

-Transplant ward round

Transplant ward round is multidisciplinal ward round attended by surgeon, physician, ID doctors, physiologist, dietitian and pharmacist for preventing and managing infection after transplantation.

-Lecture

I attended some lectures about antibiotics, sexual transmitted diseases and case based tutorials. I could have learnt the philosophy of using antibiotics; 1-think about the site of infection, severity, where they acquired, whether the patient is immune-compromised or not, 2-list possible bugs, 3- choose the antibiotics which covers the listed bugs.

Infectious diseases have something to do with every field so it is important to learn about the diseases and proper way of using antibiotics. It was great experience to study at ID department of SGH and it helped me to develop clinical knowledge of ID. Also, seeing medical systems in other country and comparing with that in Japan made me to think of issues in own country.

平成 25 年度　海外実習報告書

鈴木宏隆

0893543M

Exchange Program 2013
Dong-A University Hospital, Busan, Korea

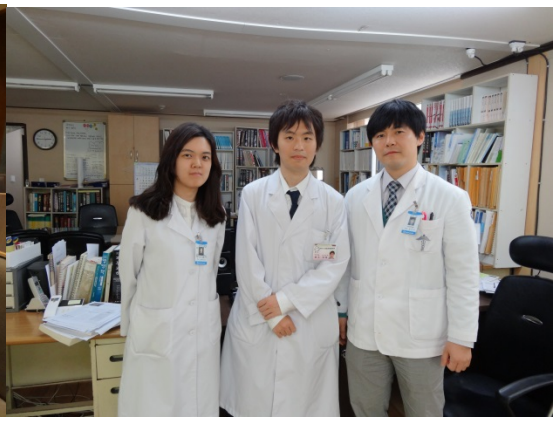
I took part in the exchange program in Busan, Korea.

The program has just two week and I see around two section in that weeks.

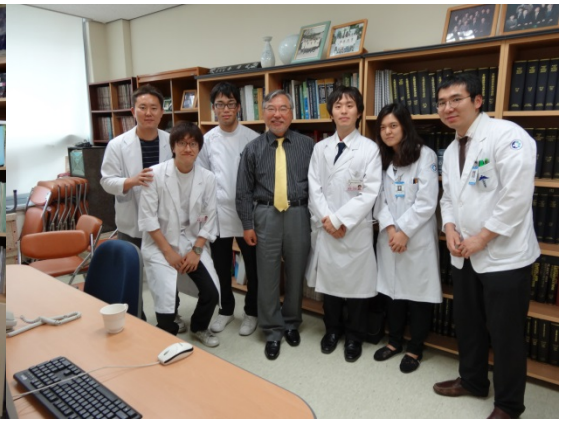
1stweek I saw around Family medicine section.

They have the health care center for people who want to take a exam, having any trouble in their body but wanting to prevent any disease.

At that section I learn how important preventing any disease is before it becomes worse, and some residents there took care of me so much. Last day of that section The professor took us to his home and had a small party. We had a really good time.


2nd week, we all saw plastic surgery section. We saw some operations, including breast reconstruction, eyelid and nose reconstruction, and some others. And the professor had a lecture about advanced technology for us. And they also took us for bulgogi.

Two weeks is too short to study enough about Medicine in Korea and Korea itself, but I am sure that it was so fruitful experience.

Dong-A University, Busan, Korea

Daisuke Taniguchi

I participated in the exchange program to see difference between Japanese medicine and foreign medicine and to learn about foreign culture. I went to Dong-A University located in Busan, Korea. I learned a lot there for two weeks.

Emergency Medicine

I observed the Emergency room(ER) in the first week. At first, I was so surprised at the large ER. There were about 50 beds in the ER, 10 beds in the observation unit, 2 procedure rooms for treatment of CPA and trauma, and an operation room. It was 3 times larger than ER in Japan, I thought. There are a CT room and a MRI room near the ER.

The kinds of patients' illness are also different from in Japan. Many patients have (alchoholic) liver cirrhosis. Doctors said that there are many patients who have trauma, intoxication and so on because people live around Dong-A University are not rich people.

Patients suspected of stroke are often brought to Dong-A University. There is a medical team for stroke in Dong-A University, and they come to ER and see the patients when Emergency medicine doctors activate CODE RED (RED are initials of Rescue Emergency stroke patients Dong-A University Hospital).

Korean ER is similar to "American" ER. Patients categorized by Triage, and EM doctors and GIM doctors examine almost all patients at first.

With EM doctors and medical students

Plastic Surgery

In the second week, I observed Plastic Surgery(PM). Dong-A University is famous for transgender surgery. I could see some operation include transgender surgery (mastectomy) and cosmetic surgery (double-eyelid surgery and rhinoplasty).

I was gave some lectures about transgender surgery. It was good experience for me to learn about transgender surgery because there are few chances to learn about it.

I could talk with a private plastic surgeon. He tells the situation of cosmetic surgery in Korea.

Difference between Japan and Korea

Korean hospital was not so different from Japanese hospital, but the ward seemed to be crowded. More patient were in one room in Korean hospital than in Japanese hospital.

Medical education was also similar. Medical students mainly observe doctors' work and sometimes see patients, take ECGs, and do some procedures. They study general education for 2 years, and medical education for 4 years. The medical license examination includes not only written examinations but also clinical skill examinations (OSCE).

Daily life

I stayed at the dormitory of Dong-A University. It takes 15-20 minutes on foot to go the hospital. It was nice to stay.

In almost every evening, professors and doctors took me dinner. I enjoyed Korean food, for example bulgogi, samgyeopsal, and raw fish. I also have dinner with Korean students. Some of them were interested in Japan, so we enjoyed talking about Japan

and Korea.

On weekend, I went sightseeing around Busan city with my friend. In Busan, there are some sightseeing spot. Jagalchi Market is big fish market. At Gwanganri and Haeundae beach, we could see a nice view.

Dormitory

Haeundae beach

around Jagalchi Market

Busan tower

the view from Busan tower

Conclusion

I would like to appreciate all who supported my stay in Korea, Prof. Choi, Korean doctors, Korean students, Mr. Song, and Ms. Miwa.

On newspapers, it seems that Korean people don't like Japan. However all who I met in Korea were kind to me and said they like Japan. I was glad to have a good time with such kind people and to learn about not only Korean medicine but also other things such as Korean culture. Thank you so much.

Overseas program in Boston

~Harvard university, Tufts medical center, Massachusetts General Hospital ~

Takehiro Nakai

1. Introduction

"Can we change the world by medicine? If we can, then how?" That is the question I always asked to myself as a medical student.

We can fulfill the task by making epochal discovery like Prof. Yamanaka did, and we might be able to accomplish it indirectly by teaching our juniors in everyday clinical practice and foster their scientist's mind. However these are not solutions all about. Practical training in Boston gave me third solution.

I took part in the program in Boston from August 27th to 30th. My program was different from other overseas program in that it focused not on clinical practice but on medical economics. Since I always felt that Japanese medical schools attach greater importance to medicine as a science and we have little chance to learn medicine as a system, I chose this program.

2. Schedule

Aug.27th	Tufts medical center (Prof. Neumann) Harvard school of public health
Aug.28th	Harvard University main campus Lecture from Prof. Kamae
Aug.29th	Tufts medical center (clinical research center)
Aug.30th	Massachusetts General Hospital (Prof. Chabner) Lecture from Prof. Kamae

3. Tufts medical center

In Tufts medical center, we took lecture from Prof. Neumann. He taught us the basics of medical economics such as Comparative Effectiveness Research, American situation of public health, and world's trend of giving importance to medical research.

Although I've learned a little bit about medical economics in Kobe university, his lecture included many new notions like cost effectiveness. Therefore, there were a lot to learn from his lecture.

We also had chance to visit clinical research center of Tufts medical center. As I learned the role of clinical research center, and part of the active research, I was impressed by the depth of the perception on clinical research by American citizen and government. I thought that if we, Japanese scientists were to compete with scientists in the world, we need to gain understanding on the need of clinical research from Japanese citizens, and Japanese government has to establish new system for clinical research.

4. Harvard school of public health

Harvard school of public health is one of the oldest schools of public health in the US. Although we could not attend lecture there, we could walk around Longwood where the Harvard school of public health locates. Longwood is one of the small areas of Boston, but it holds many world famous health care facilities like Children's Hospital Boston, Joslin Diabetes Center, Dana–Farber Cancer Institute. Centering Harvard medical school, all of these institutes are strongly connected. I felt that the relationship of these institutes is the key for its advance of medication level of Boston.

5. Massachusetts General Hospital (MGH)

Needless to say it is one of the world greatest hospitals. We visited Prof. Chabner's office and had a chat on MGH's strength, ongoing research project of him, and our carrier options. After that, he gave us a tour of MGH. With his guide, we visited hospital ward, hospital room, doctor's office of MGH. And in the closing the tour he guided us for the Ether Dome, where the first public demonstration of anesthesia was done.

After the Prof. Chabner's tour, we spent time in medical museum, established together with MGH. They exhibited medical equipment of various periods in history, like first generation x-ray equipment and the cutting edge technology of current medicine. I could also learn variety of medicine by watching the display of solar powered medical equipment which was created to use in developing country, and in case of disaster.

6. Tour in Boston

Since I had extra time after the practical training, I could visit many famous spots in Boston, such as states house, Boston museum, Berklee College of Music, and so on.

What I liked was the simple beauty of Boston city and I felt that it multiplied the dignity of culture and the history of Boston. Now Boston became one of the cities I want to live someday.

7. Conclusion

What impressed me most during this practical training was the notion of cost-effectiveness. It surprised me to know that in some country, cost-effectiveness is already introduced for insurance system and achieved certain result. As the medical technology developed, medical cost also increased. (in the past two decades, medical cost of Japan increased by 70%) If the medical cost keeps increasing, it is not difficult to imagine that medical cost suppress national expenditure of Japan, and it cause the breakdown of universal health care system. Therefore it's important to care about cost. However that's not enough. If we focus simply on cost, expensive but effective medication will be ignored, and medication level will be reduced. So, it is also important to care about effectiveness, and develop EBM to VBM (Value based medicine). I want to utilize what I learned through this program to innovate medical situation of Japan.

I heard that this is the last time for Prof Kamae to guide Kobe university students to Harvard. I am really sorry to know that our juniors lose precious opportunity to learn medical economics which is unfamiliar for Japanese medical students. As a graduate from this program, I am going to hand down what I learned through this program to my peer and junior fellow.

Finally, I'd like to show my greatest gratitude for Prof. Kamae for conducting this program for long time. And I also thank Ms. Miwa and stuffs in the international exchange support department for helping us to have a safe overseas education.