

I've been to International Medical University in Malaysia, and participate in the medical training for 4 weeks.

<An Educational System in Malaysia and IMU>

IMU is a private, English language, health sciences university in Malaysia. It was established in 1992, and has co-operation programs with many medical schools around the world. Malaysia was once a colony of the British, and this fact also influenced on education and medical system. They learn basic medical sciences for 2 and half years, and also clinical training for 2 and half years. IMU Clinical School is located in Seremban, Negeri Sembilan, where it's one hour's drive from Kuala Lumpur. Semester 6 (corresponded to latter term of 3rd year in Japan) has 3 compulsory posting: Family medicine, Internal medicine, and Surgery. In Family medicine, we students go to one of 3 clinics near the clinical school hospital everyday.



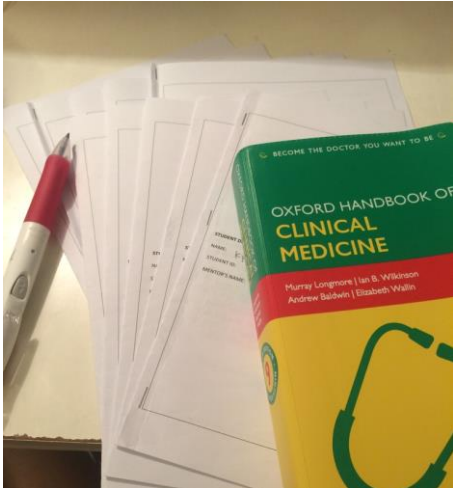
Reception at Klinik Kesihatan Seremban



Clinic for diabetes and hypertension

<1st week: 4/4/16-8/4/16>

We have Medical Observation / Attachment sessions 3 or 4 times a week, which is a clinical training that we train to take history from outpatients sitting in front of reception. Sometimes patients allow us to follow him/her into consultation rooms, and learn physical examinations from doctors, consider differential diagnosis, what kind of investigations we should order, what kind of advice we should give to the patients. After consultations, we also follow the patients to pharmacy attached to clinic, and observe what kind of medications and compliance instructions they got. I was so impressed that students there could speak not only English, but also Malay, Mandarin, or Tamil and they actively listened to patients. I was also surprised at epidemiology in Malaysia. A man in his twenties had presented with a chief complaint of fever for 2 days, and he was diagnosed as Dengue fever, considering associated symptoms, history, and investigations of blood test. I was asked by a doctor in charge of this patient, and I only could answer it might be viral infection. In Malaysia, we must consider Dengue fever at this time of year, and proceed to antibody testing for Dengue virus. They usually eat traditional diet that contains much sugar, salt, and spice, and not used to exercising because of high temperature of over 30°C in daytime, so they easily get life-style related diseases.



Clerking Sheets (Assignments)



IMU students and Dr. Rabin

<2nd week: 11/4/16-15/4/16>

In the 2nd week, on Wednesday some students including me could have joined a new project called “IMU Care Project in orang asli settlement in Jeram Kedah”. This project was for those who had not seen any doctors in clinics or hospitals, in orang asli, native village in Malaysia. Two of family medicine specialists from IMU supervised this project and let us take history and do physical examinations for medical checkup. People living there usually speak Malay, so it was difficult for me to talk in Malay then I followed one of my friends to help her take notes or take blood. People living there usually work for agriculture of rubbers or bananas and exercise a lot, and I merely saw patients with lifestyle-related diseases. Instead, I could see some patients with such as glossitis caused by iron deficiency anemia, which was never seen in urban area.

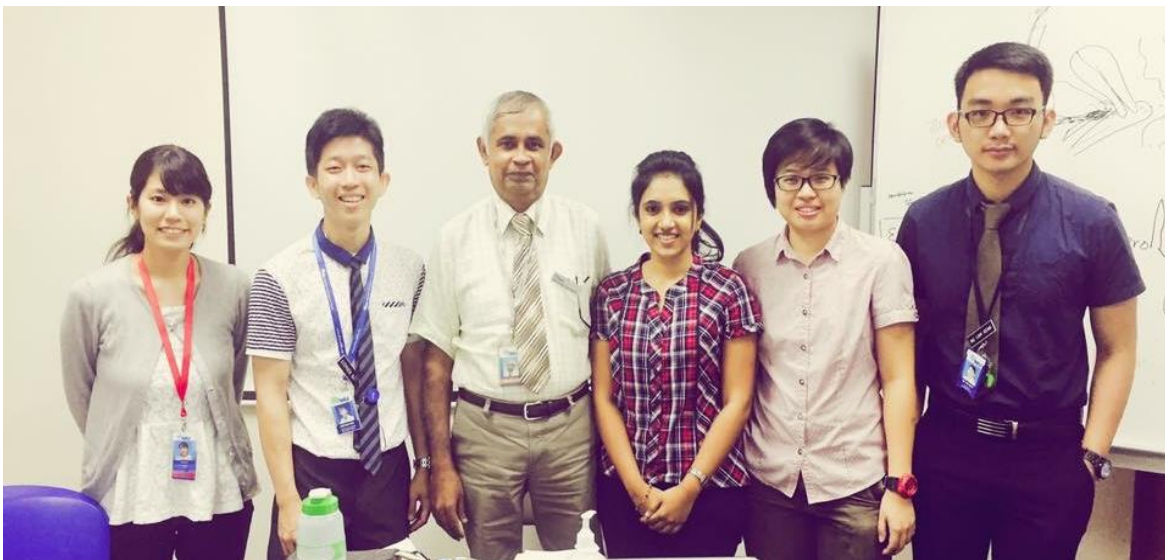


IMU Care Project

<3rd week: 18/4/16-22/4/16>

In this week, we had an “End of posting examination”, or EOP exam for family medicine posting. This exam was like an advanced OSCE in Japan, and students were given one topic such as chest pain, fever, cough, joint pain, and

have to take history from a standardized patient and do physical examinations, brief presentation to their mentor doctors, and suggest therapeutic strategy to the patient. The topic was asthma this time, and every student was so good at focused history taking, physical examinations, briefing presentation and therapeutic strategies in 30 minutes. I could learn a lot about how to ask or how to explain to patients in English, or how to make presentation in technical terms as well. On another day, my mentor doctor was in charge of our session in the morning on Thursday, and I happened to take EOP exam in the session. The case of my EOP exam was a patient with long history of diabetes and he came for follow-up. It was so tough for me to take history in English and sometimes couldn't communicate well, but finally managed to pass this exam.



Mentor Dr. Anthony and his mentee

<4th week: 25/4/16-29/4/16>

I asked my mentor to change my schedule to internal medicine posting at a hospital ward so as to learn from patients who referred from clinics. A group I joined was supposed to be post at Hospital Port Dickson, where is famous for beach resorts. It was a core hospital there, and I could see many patients with stroke, acute coronary syndrome, chronic kidney disease, and also Dengue fever. We learned about managements of CKD, pivotal points of neurological examinations, and how to interpret ECG of branch block or sick sinus syndrome.

Through this past 4 weeks, I learned a lot from IMU students that they actively try to involve in clinical medicine. They don't need to take national exam for doctor's license in Malaysia, but it is important for them to get autonomous before graduation, because they have to work as doctors just after a half to a year from graduation. I had joined 3rd year classes and sessions, and I always felt their motivations for clinical medicine for this 4 weeks. And I noticed that they always train their skills for clerking patients and have a plenty of time to be checked by lecturers or mentors, compared to Japan. I had trained the skill to clerk patients for 4 weeks, and I want to keep training at clinical wards in Japan.