

大阪医科大学

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中山国際医学医療交流センター

Nakayama International Center for Medical Cooperation

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Annual Report 2018

参加学生の声

中山国際医学医療交流センター

Nakayama International Center for Medical Cooperation



シンガポール国立大学 海外実習派遣報告書

派遣期間: 2018年4月2日～4月27日

医学部6年生

加藤 翔平

【はじめに】

2018年4月2日～4月27日までの期間でNational University of Singapore にて海外実習をさせていただきましたのでご報告いたします。

今回、私がお世話になったのはSingapore General Hospital (SGH) とNational University Hospital (NUH) です。SGHは日本で言うところの“市中病院”、NUHは“大学病院”に相当しますが、どちらもシンガポール有数の医療機関であり国内外から多数の患者様が来院されています。

この1ヶ月間、シンガポールの医療を学ぶとともに、外からの視点で日本の医療について見つめ直すことができたのは私にとってかけがえのない経験でした。

【シンガポールでの1ヶ月を振り返って】

① Singapore General Hospital (SGH): Colorectal Surgery (2018/4/2～4/13)

SGHでの2週間は主にNational University of Singapore (NUS) の学生と行動を共にしました。朝は7時30分からの病棟ラウンドに始まり、外来、手術、内視鏡、カンファレンスと盛り沢山の日々でした。

また、SGHでは医学生向けにレクチャーも充実していたので、NUSの学生がそれらに参加する時に私もしばしば同行しました。レクチャーは症候論に関するものが多く、先生が投げかけた問いに対して学生同士で意見を出し合って答えに近づいていくような形式だったので、何とも言えない楽しさがあって時間が経つのもあっという間でした。

② National University Hospital (NUH): ENT (2018/4/16～4/27)

NUHでは主に外来実習を行いました。先にも述べた通りNUHは東南アジア有数の医療機関であり、国内外から多様な人種の患者様が来院されていました。そのため、カルテには各患者様の母語が記載されていて、先生がそれに応じて数ヶ国語を使い分けておられたり、場合によっては通訳スタッフ同席のもとで診療が行われていたのが印象的でした。

【海外実習を終えて】

1ヶ月間のシンガポール実習は、医学と語学の両面で私を少なからず成長させてくれました。医学生はこの時期に海外の医療を肌で感じることは何物にも代えがたい貴重な経験であり、この経験を踏まえて今後の実習・研修に励みたいと思います。

最後になりましたが、中山国際医学医療交流センターをはじめ今回このような機会を与えてくださった皆様に厚く御礼申し上げます。本当にありがとうございました。

シンガポール国立大学 海外実習派遣報告書

派遣期間: 2018年4月2日～4月27日

医学部6年生

大江 克昌

2018年4月2日～4月30日までの期間National University of Singapore (以下NUS)の海外実習に参加しましたのでご報告致します。

シンガポール国立大学(NUS)はQSやTHEといった海外メディアによる大学評価において、2017年にアジア両立1位を勝ち取り、2018年にはQS2位に降格したもののTHEでは依然首位の座を誇っています。特にNUSは複数ある評価項目の中で外国人留学生比率や交換留学生

割合が極めて高く、NUSには外国人を惹きつける多くの魅力があると言えます。これは日本のほとんどの大学で評価されていない部分でもあるのです。そして何がNUSを魅力的にしているか、何が日本の大学に足りないかを知り、自己のこれからの生涯学習に役立てることができないかと思い留学に志望致しました。

実習期間中1～2週目は画像診断科、3～4週目は眼科に配属され、大変多くの事を学ぶことができました。以下に各々に関して所感を述べさせていただきます。

画像診断科では午前午後別の先生のデスクのもとでレポート作成を見学致しました。画像はNeuro、Wet image、Body image、Echoといった分野に分けられ、それぞれ担当の先生がレポートを作成します。画像診断科の病棟内にコンピューターとモニターが数十台配置されたインターネットカフェと呼ばれる部屋があり、10数人の医師がパソコンと向き合いながら数分～十分一枚のペースでレポートが完成していく様子は圧巻の一言に尽きます。先生は読影しながら「これは知っているか?」「読影漏れのない様にこういう順番で読むんだよ」などと画像診断における専門知識を進んで教えて下さり、質問をしても快く答えて下さりました。その場その場で疑問点を解消することができ、患者が目の前にいないという画像診断科の特徴を活かした実習だったと思います。特にNeuroの分野では椎骨のalignmentや神経圧迫部位の同定をするに当たり深い解剖学的知識が必要となり苦戦を強いられましたが、正常画像を見られるサイトを提示しつつ病態を丁寧に説明して下さい、理解に至る事が出来ました。また、実習中に最も驚いたのは先生方のタイピングスピードの速さです。日本語と比べ変換をする必要が無い分タイムロス無く入力を進めることができ、先述するようなスピードでレポートが出来上がって行きました。そのレポート内容も今までクリニカルクラークシップで見てきたどのイメージレポートよりも詳細であったというからには驚きも一入です。そしてもちろんタイピングする文章は自分の頭の中で作らなければなりませんから、それ以上の早さで読影が済んでいるということになります。どの先生も当たり前のように非常に高いパフォーマンスを発揮されており、医療レベルの高さ・教育レベルの高さを痛感させられました。

眼科では外来と白内障手術を見学致しました。画像診断科とは対照的に指導医の先生も外来に忙しいことが多く、見学に重きを置く臨床に即した実習でした。日本と大きく異なることは、患者の人種が多様であることです。患者の主訴は白内障や緑内障が多く、その点日本と大きな違いはありませんでしたが、中国・インドネシア・マレーシア・インドなどシンガポールを取り囲む様々な国々出身の患者が来院していました。彼らに分け隔てなく医療を施していく姿はまさにヒポクラテスの誓いを順守するが如く、医師とはこのようであるべきと考えさせられました。もちろん姿勢だけでは患者を助けることはできません。先生方のほとんどが中国語と英語のバイリンガルであり、そのどちらでも診療をすることができたのです。外来で最初に患者に向ける言葉が「中国語がいいですか? 英語がいいですか?」であるなどとは、日本の外来を見ているだけでは想像だにできなかったに違いないでしょう。もちろんシンガポールでは医学を英語で学んでおり、日本とは状況が異なります。しかし、それは母国語以外の言語で医学を学ぶ医学生は日本人学生以上に勉学に励んでいるということに事実を覆しはしません。もちろん日本語のみで医学を学んだとしても、英語で学ぶのと近いレベルで医学を修めることができると思います。それでも医師として治療できる患者の幅を広げ、より多数の患者を救うためには英語を実用レベルまで学習することが必要不可欠であると感じました。

全実習を通して、NUSの魅力はやはり文化の多様性とその集約にあると考えました。日本の医療レベルはシンガポールに決して負けていません。実際東京大学のQSでの評価もCitations per Faculty、Faculty Student共にNUSを上回っています。それでもNUSの評価が日本の全大学のそれよりも秀でているのは、NUSがより多くの国に対して影響力を持っているからに他なりません。その背景として、シンガポールは周辺数カ国の文化が相合わさり生まれた国であるが故に他国籍患者を受け入れる体制が整っているとともに、それら周辺国の医療の最先端としてあらねばならないという強い自負が学生にまで伝播しているに違いないと感じました。そしてこれこそが日本にはない最大の魅力であると結論付けます。

そしてこういった意識は今の私にも足りていないものでした。より多くの患者により高度な医療を届けたいと研鑽を積んできた医師が数多くいるということを決して忘れず、私自身その一員となれるよう自助努力を続けたいと思います。

最後に、快く留学を認めて下さった大槻学長様、留学にご協力下さった先生方、中山国際交流センター様、NUS様、留学先で手助けして下さいました友人、多大な心労をお掛けした両親、その全ての方々に感謝しております。特に今回の留学以外にも数カ国の学習機会の場を設けて下さった松本様に謝辞を述べさせていただきます。本当にありがとうございました。



国立台湾大学附属病院での選択臨床実習を終えて

派遣期間：2018年4月2日～4月27日
医学部6年生
藤原 有沙

私は2018年4月2日から27日までの4週間、国立台湾大学附属病院で海外選択臨床実習をさせていただきました。国立台湾大学は、台北駅のすぐ近くにある、台湾でNo.1、世界でもトップレベルの大学で、2300床を超える病床があります。また毎年数多くの留学生を受け入れているため、今回の留学を通して、台湾大学の学生だけでなく、アメリカ、カナダ、イギリス、フランス、ドイツ、オーストラリア、ニュージーランド、シンガポール、香港など様々な国から来た留学生達と交流することができました。国立台湾大学では先生方はもちろん、学生も英語が堪能で、カルテも英語で記載されています。医学生の学習方法においても、日本のように予備校の授業や医学生用の参考書を使うのではなく、英語で書かれた専門医レベルの分厚い医学書を読み自分でノートにまとめて勉強していることにも驚かされました。

私は、前半2週間はFamily Medicineを、後半2週間は産婦人科を選択しました。

Family Medicineの病棟では大きくホスピス班とgeneral班に分かれており、私は癌治療に興味があるので主にホスピス班の先生方について回らせていただきました。ホスピス班は毎朝8時からカンファレンスがあり、カンファレンス後にチームの担当患者さんのカルテを見て、朝はレジデント先生方と、夕方は上級医の先生方含めチームの先生方皆と病棟を回診しました。少しでも延命しようと過剰な栄養剤や薬を点滴するのではなく、患者さんが苦しまずに安らかに眠るように最期を迎えられるように、呼吸困難や浮腫が生じないことを一番の目的とし、ご家族の希望をよく聞きながら、1人1人に合った処置がなされていました。また日本と違って、24時間家族又はヘルパーが付き添って介護をされており、臨床心理士や僧侶の方も患者さんやご家族の心のケアをなさっていました。ホスピス病棟の朝夕の回診と回診の空き時間には、general病棟、外来、コンサルテーション、在宅医療など日によって色々見学させていただきました。

産婦人科では、産科、婦人科、生殖医療の3分野に分かれており、とにかく症例数が多く、私は産科を中心に全て見学させていただきました。産科では毎朝7時半からカンファレンスがあり、8時から自然分娩、帝王切開を見学し、多い日は午前だけで5、6件の分娩を見学できました。前置胎盤・癒着胎盤の名医がいらっしゃるため、机上でしか学んだことのないハイリスクな症例も実際にたくさん見ることが出来てとても勉強になりました。午後は3部門合同カンファレンスの後、胎児エコー外来を見学しました。胎児エコー外来では、TGAやダウン症などから今まで聞いたことのないような珍しい疾患までたくさんの症例について、検査所見の説明だけでなく死産のリスクから出生後の治療法まで、ネットや医学書を使ってとても丁寧に教えていただきました。産科の合間には、婦人科の手術や不妊治療を見学しました。術前にはその卵巣癌のエコー所見を、論文を見せながら詳しく説明して下さったこともあり、レジデントの先生のレベルの高さを実感しました。

今回の留学を通して、国立台湾大学をはじめ様々な国の医学生と、自国での臨床実習や医療制度、文化について話すことで、視野が広がり、同時に医学生としての意識や責任感の違いに刺激を受けました。一方で、いかに自分が日本について知らなかったかを痛感し、また日本の医学教育において医学生はとても甘やかされていることに改めて気付かされました。実習のスケジュールは全く決められておらず、学びたいことを自由に見学できるスタイルであったため、好奇心を持って積極的に学ぶ姿勢を身につけることができたと思います。そして何より、台湾で本当に素敵な出会いに恵まれ、一生忘れられない夢のように楽しく充実した日々を過ごせたことをとても嬉しく光栄に思います。病棟の先生方や台湾大学の学生さんは驚くほど優しく、いつも温かく迎え入れて下さり、これ以上ないくらい親切にいただき、本当に感謝の気持ちでいっぱいです。患者さんの対応に忙しくても後から必ず英語で説明して下さい、私のどんな質問に対しても丁寧に教えて下さったおかげで、たくさんのことを吸収でき有意義な実習になりました。また、他の留学生達とも想像をはるかに超えるほど仲良くなることができ、彼らと過ごした時間は本当に楽しく、最高の思い出になりました。これからも台湾で出会った先生方や友達との友好関係が続くことを願い、またいつか再会する日に成長した姿を見せられるように、この経験を生かして、英語や医学はもちろん何事も精一杯頑張っていきたいと思っています。

最後になりましたが、今回の海外選択臨床実習に際してご支援いただいた松本さんをはじめ中山国際医学医療交流センターの皆様、国立台湾大学附属病院でお世話になりました全ての方々に心から感謝申し上げます。このような素晴らしい経験のできる貴重な機会を与えて下さり本当にありがとうございました。

ハワイ大学夏期ワークショップに参加して

派遣期間：2018年8月20日～8月24日
医学部5年生
飯島 麦

8月20日から5日間の予定でハワイ大学のワークショップに参加させていただきました。しかし残念ながらハリケーンの接近により学校が閉鎖になったため実質3日目の午前までしかワークショップはできませんでした。そのため本来はPBL、身体診察、禁煙外来、医療面接、注射実習などが予定されていましたが実際には注射実習は出来ず、医療面接も入りだけで終わってしまいました。しかし私にとって医学を学びに海外に行くことは初めての経験でとても多くのことを得たと思っています。

PBLでは症例自体は5年生の私にとっては比較的簡単なものでした。しかし医学英語を学ぶには十分なレベルであり、また参加している他の学生のレベルも高くなかなか日本で自分たちだけでやっていると挙がらないような多くの鑑別疾患を考えるととても充実したものとなりました。身体診察や禁煙外来、医療面接でも英語で患者に接する場合どのような表現を使うのか、接する際に日本にはない文化があるために注意すべきことなど様々なことを学びました。

またプログラムそのもの以外の部分でも色々な経験ができました。このプログラムには大阪医科大学以外の大学からも多くの学生が参加していました。なかには将来海外で研究者や医師として働くことを目標にしている学生もあり、そういう人と直に接することはとても新鮮で良い刺激になりました。自分の将来を考える上で少し視野が広がった気がします。またハワイの学生は日本とは少しカリキュラムが違い一度4年制の大学を卒業してから医学を学ぶため、医学への学びの姿勢が非常に積極的で話を聞いていると医学への興味が刺激されました。

今回のワークショップでは海外での医学を知り、また自身の視野を広げ医学をさらに学びたいと思わせてくれる素晴らしいものでした。最後になりますがこのような機会をくださった中山センターやハワイ大学その他関係者の皆様に感謝を申し上げます。



2018年ハワイ大学ワークショップに参加して

派遣期間: 2018年8月20日～8月24日

医学部5年生

福西 智美

私は、8/20～24にハワイ大学で行われたワークショップに参加させていただきました。ハリケーンと重なってしまい、残念ながらワークショップに参加できたのは3日間だけでしたが、医学英語・ハワイの文化を学ぶことができ、とても貴重な経験となりました。

1日目は、ハワイ大学構内を見学し、シュミレーションルームでマネキンを使った聴診の練習、小グループに分かれてのPBLを行いました。2日目は、ハワイ大学の学生さんと禁煙外来の医療面接の練習、1日目とは異なる小グループでのPBLを行いました。3日目は、学生同士で身体診察(呼吸音)の練習をしたり、模擬患者さんに来ていただいて、実際に禁煙外来の医療面接をしたり、フラダンスを教えてくださいました。

PBLでは、シナリオをもとに、問診すべきことや、考えられる疾患、行うべき検査をグループで考え、さらに詳しく勉強したいことを学習項目として出し合いました。そして、それぞれに割り当てられた学習項目を調べて、グループ内で発表し合いました。伝えたいことを英語で的確に表現することは難しく、この経験を生かして、勉強を続けていきたいと思いました。

模擬患者さんとの医療面接は、患者さんの待つ診察室にノックして入るところからスタートでした。事前に自己紹介の仕方や、問診の仕方、患者さんに伝えるべき事項のレクチャーがあり、何度も練習して、模擬患者さんとの医療面接にのぞみました。禁煙したいと思い、病院に来られた患者さんに、禁煙の手助けとなる薬を紹介したり、生活上のアドバイスしました。緊張していましたが、はじってみると、身に付けた知識が患者さんの助けになることが嬉しく、時間があっという間に過ぎてしまいました。

フラダンスの時間には、Hukilauという曲の振り付けを教えてくださいました。以前からフラダンスを見るのは好きでしたが、実際に体験できたことで、ますますハワイの美しい文化が好きになりました。

授業後には、ハワイ大学の学生さんに夕食やビーチに連れて行ってもらいました。とても充実した楽しい時間となりました。話していると、彼らは日本に興味を持ってくれていて、それをとても嬉しく感じました。この留学を通して、お互いの文化を尊重し合うことが大切であると改めて感じました。

最後になりましたが、このような貴重な機会を与えていただいた中山センターの皆様、ハワイ大学の皆様、本当にありがとうございました。この経験を生かせるよう、これからも頑張っていきたいです。

ハワイ大学夏期ワークショップに参加して

派遣期間: 2018年8月20日～8月24日

医学部5年生

水谷 早希

8/20～24のハワイ大学夏期ワークショップに参加させていただきました。残念ながら今年はハリケーンが接近する事態となり、プログラムの途中でワークショップは終了となってしまいましたが、このワークショップでは非常に多くのことを学ぶことができました。

私がこのプログラムに参加しようと思ったきっかけは、海外で医学に触れてみたかったことと、自分の英語力を高めたかったからです。プログラム期間中、聴診やPBLなど、いくつかの授業を経験できました。PBLでは、ハワイ大学の学生や日本の他大学の学生たちとグループをつくり、討議することができました。英語でのPBLは普段自分たちが行なっていたものよりも数段難しく感じ、医学英語をしっかり覚えておくことと、伝えたいことを何とかして伝えるコミュニケーションスキルの大切さを感じました。

プログラム期間中を含め、ハワイ滞在中にはハワイ大学の学生に本当にお世話になりました。ワークショップのプログラムが終わった後は毎日ハワイ大学の学生たちが海やレストランなど、私たちプログラム参加者をいろいろなところに連れてってくださり、勉強から遊びまで全てが充実していました。ハワイにハリケーンが接近している時も、私たちのことを心配して連絡をくれたりと、本当に優しい人たちばかりで、医学だけでなく、人との関わり方など、たくさんのことを学ばせていただきました。このプログラムには日本の他大学の学生も参加しており、日本の医学生同士でコミュニケーションを取ることもできました。このプログラムを通して、海外の医学を学べただけでなく、国外、国内問わずたくさんの人とコミュニケーションを取ることができ、とても貴重な経験をさせていただきました。このような機会を与えていただき、本当にありがとうございました。



ハワイ大学夏期ワークショップに参加して

派遣期間: 2018年8月20日～8月24日

医学部4年生

青山 直人

今回、私は夏休みにハワイ大学にて行われるワークショップに参加しました。ワークショップではPBL(Problem-Based Learning)、聴診や問診について日本各地の医学生とハワイ大学の学生と共に学びました。

PBLはもともとアメリカ型の勉強方法なので本場のPBLを体験することができました。ハワイ大学のPBLでは普段学校で行っているものよりもいろいろな疾患が考えられやすく、また、一緒に考えている学生のレベルも高いため、一つの症例についていろいろと話し合うことができました。また、参加しているハワイ大学の学生がうまく話を誘導してくれたり、日本と違うアメリカの治療法など知ることができ、とてもためになりました。

聴診や問診はハワイ大学の先生が講義で聴診方法などの一連の流れを話した後、ワークショップに参加している学生同士で行い、その後、実際にOSCEの様に患者さん役の人に行きます。残念ながら、ハリケーンが来たせいで私は模擬患者さんには医療面接しか行えませんでした。最後に医療面接の評価や改善点などを模擬患者さんに書いてもらいとても貴重な体験になったとともに勉強になりました。

私はこれまで2017,2018年SIMPIC、2017年IMSPQに参加してきましたが、今回はそれらとは全く違い自分が学んできたことだけでなく、他の学生と協力して問題に取り組んでいたり、先生から直接教えていただいたりプログラムを通じて学ぶものがより多くあったと思います。

また、ハワイ大学の学生にはとてもよくしてもらい、PBLの資料づくりを手伝ってもらったり、毎日のように昼ご飯や晩ご飯に連れて行ってもらいました。とてもうれしく、自分も大阪医科大学に海外の留学生が来た時にもっと多く関わろうと思いました。

今回の経験をもとに今後の勉強において臨床技術でも海外で通じるように行っていきたいです。今回の海外派遣にご協力いただいた先生や中山センターの方々、ハワイ大学の先生や学生の皆様本当にありがとうございました。

ハワイ大学夏期ワークショップに参加して

派遣期間: 2018年8月20日～8月24日

医学部4年生

井尻 健太

僕は2018年8月20～24日、ハワイ大学医学部(John A. Burns School of Medicine, 略称JABSOM)で行われた夏期ワークショップに参加しました。実際は、26年振りにハワイに直撃したと言われるハリケーンのために3日目の午後以降は休講となってしまったのですが、それでもこのプログラムに参加できて本当に良かったと思う、とても貴重な体験でした。以下に、大きく分けて、実習内容と学生交流について自分が感じたことを記したいと思います。まず、実習内容についてです。僕たちは今回、主にPBL、聴診の実習、医療面接実習を体験しました。

大阪医科大学のPBLでは、スピーディーにシナリオを進め、その患者の考えうる疾患を2,3個に絞ってからそれらの疾患を吟味することに一番時間を割きます。一方、ハワイ大学のPBLでは、ここが一番の差だと思うのですが、シナリオの1枚目、つまり患者の主訴からあらゆる疾患を挙げ、その鑑別を進めるために必要な問診・検査を考えると一番時間を割きます。例えば今回、僕たちは「胸痛」という主訴だけで20個以上の疾患を挙げ、それらを全て理論的に吟味しましたが、大阪医科大学で普段行うPBLではここまではしません。また、問診で聞くことなどもその場でチューターから丁寧な誘導を受けながら、身に付けることができました。

聴診の実習や医療面接実習では、実際の診察で使うフレーズや治療の勧め方を座学で学び、それを学生同士、ハワイ大学の学生と共に何回も繰り返しロールプレイしました。医療面接実習の最後には、患者役をして下さる一般の方に対して学んだことをアウトプットしました。医療面接の終了後には、学生全員がハワイ大学の先生から詳しいフィードバックを受け取りました。

僕はこれらの実習を通して、患者さんを前にしてどういったことを聞くべきか、どのように治療方針を勧めれば患者さんは納得してくれるだろう、といったことを深く考えることができ、また、それらを英語ではどのように表現するのか、ということも学ぶことができました。また、PBLや医療面接実習では、その場ですぐに先生やチューターからフィードバックを受け取ることができ、自分の記憶が新しいうちに復習ができました。このように、今回の実習では日本では学べないことも多く学ぶことができ、自分の医学を学ぶモチベーションや海外の医学教育に対する興味が高まるきっかけとなりました。

次に、学生交流についてです。ハワイでは約10名の学生たちが実習を手伝ってくれましたが、実習が終わると、彼らは僕たち日本の学生を色々なところに食事や遊びに連れて行ってくれました。彼らとコミュニケーションを取り、お互いの趣味、将来の進路から日本とアメリカの医療の違いなど様々なことを話し合えた毎日は、かけがえのない、刺激的で楽しい日々でした。彼らは6月に交換留学で大阪医科大学を含むいくつかの日本の大学に来ていて、その時の感謝を述べられた時に、これが交換留学の醍醐味だと思いました。お互いに受け入れた学生をもてなしてあげることで、その留学はより一層忘れられない思い出となります。彼らなしでは今回の実習はここまで楽しいものにはならなかったでしょう。この思い出をもとに、これからは海外の学生の受け入れ時にはできるもてなしをし、一緒に楽しむとともに、これからは海外留学に積極的に参加していきたいと思っています。

繰り返しになりますが、今回のプログラムに参加できて、医学学習の面だけでなく、現地の人々との交流の面でも、将来の自分に生きる貴重な経験をさせて頂くことができました。最後になりましたが、今回の留学の機会を与えて下さった中山国際医学医療センターの皆様、ハワイ大学でお世話になりました皆様にもこの場をお借りして心より御礼申し上げます。



ハワイ大学夏期ワークショップに参加して

派遣期間: 2018年8月20日～8月24日

医学部4年生

川口 英人

8月下旬にハワイ大学医学部(John A. Burns School of Medicine)にて開催されたワークショップに参加してきました。この実習ではハワイ大学の学生及び高知大学や弘前大学をはじめとした日本全国からの大学生と共にPBLチュートリアルを行い、模擬患者さんを相手に禁煙指導に挑戦しました。生憎のハリケーンの影響で本来は5日間のプログラムだったはずが後半の2日間がお休みになってしまいましたが、大勢の学生達に囲まれ充実した3日間でした。

このプログラムを通して大きく分けて2つのことを感じました。1つは海外の学生たちの意識の高さです。ハワイの学生達は医学部に入学する前にアメリカ本土の大学などを一度卒業していることもあって自分がどのような医師になりたいのかというビジョンをしっかりと持っているようでした。中には有名大学を飛び級で進級してJABSOMに入学した学生もいました。PBLのグループで討論しているとハワイ大の学生の持つ医学知識の多さに驚かされました。1つの疾患に関しての仮説をあげると、それに関する追加の説明を含めて解説をJABSOMの学生が加えてくれ、グループ全体での疾患に対する理解が深まり非常に有意義な時間でした。

2つ目に感じたことは日本とアメリカとの教育制度の違いです。日本では国家試験の合格した後、研修医を経る中で徐々に医師としての実力を磨いていきますが、アメリカでは学部生の時から病院実習で1日中先輩医師についてまわり、研修医になる頃には一通りの処置の判断が自分でできるといいます。大学内の施設を見学させて頂いた所、生徒同士で注射や採血、ファイバースコープの練習をする実習室が整っており、日本のOSCEで担当するような模擬患者さんに協力して頂いて診察練習をする機会も頻繁にあるとのことでした。先ほど述べた海外の学生の意識の高さとも関係しているのかとは思いますが、医学部での学生生活が日本よりも2年間短いの間に関わらず短期間の間で臨床能力を飛躍的に高められる環境が整っていることに驚かされました。

最後になりますがこの素晴らしいワークショップに参加する機会を与えてくださった中山国際交流センターの皆さま、そして留学中に様々なサポートをしてくださったハワイ大学の皆様に改めて感謝申し上げます。本当にありがとうございました。

ハワイ大学春期ワークショップに参加して

派遣期間: 2019年3月18日～3月22日

医学部4年生

上田 拓司

僕は2019年3月18～22日の日程で、ハワイ大学医学部(John A. Burns School of Medicine, 通称JABSOM)にて行われた春期ワークショップに参加してきました。この実習ではハワイ大学の学生の学生及び高知大学や弘前大学をはじめとして日本全国からの大学生と共にPBLチュートリアルや聴診実習、医療面接実習、手技実習などを体験してきました。大勢の学生に囲まれながら、様々なことが体験でき充実した5日間でした。以下、実習内容や学生交流について感じたことを書いていきたいと思います。

まず、PBLについてですが、僕自身も大阪医科大学で2年間授業の一環としてやってきましたが、実際は作業感覚でスピーディにこなしてわからなければそのまま進んでしまうようなところが少なからずありました。一方で、ハワイ大学のPBLはここが一番異なるのですが、始めの1ページ目にある患者さんの主訴例えば「胸痛」に対して考えられる疾患をできるだけ多く挙げるということに一番時間を費やします。大げさではなく、1つの症例に対して20個ほどあげるまでこれでもかというほど考えさせられることになりました。そしてページが進むごとに、一つ一つの仮説の疾患について理論的に吟味していき鑑別していくことをしました。普段大阪医科大学で行うPBLよりとても大変でしたが、これが本当に力のつくPBLのやり方なのだと思います。

次に、聴診や医療面接についてですが、まず診察でよく使うフレーズや禁煙外来や息切れの患者さんに対する診察の良い流れの作り方などを座学で学び、それを学生同士やハワイ大学の学生とともに練習し、わからないところをや改善点を教えてもらいました。そしてまとめとして、一般の方が模擬患者として実践演習をしました。医療面接の終了後には、演習中に撮られていたビデオを元にハワイ大学の先生から詳しくフィードバックを受け取りとてもためになりました。その時に、ハワイ大学の先生はとにかく褒めてくれるのでとても勇気をもらいました。

また、ハワイ大学のシュミレーション室では経鼻カテーテルの挿入や、腫瘍除去のシュミレーターや、小児用のマネキンを用いたCPRなどが体験しました。その時に、Dr.SakaiがI will do it!の精神を持ってと言っていたのが印象的で、今後の5年生のクリニカルクラークシップで実際に病院を回ってオペに立ち会ったり、医療現場をみるときに、そのことを思い出して積極的にやっていきたいと思います。

学生交流ですが、今回のワークショップでは約8名のハワイ大学の学生が実習を手伝ってくれました。初めて海外研修ということもあり右も左もわからない僕たちを親切に教えてもらいました。また、研修以外の時間では様々なところに食事や遊びに連れていってくれました。ハワイ大学の学生とスマートにはコミュニケーションをすることができない場面もありましたが、趣味や勉強のことなど他愛のない話を英語でするといったかけがえのない経験をすることができました。今度自分がもてなす時にはできる限りのことを留学生にしてあげたいと思います。

5日間という短い期間でしたが、医学英語や医療面接、手技、ハワイの文化などたくさんのことを学ぶことができ、とても充実した研修プログラムでした。最後になりますが、この素晴らしいワークショップに参加する機会を与えてくださった中山国際交流センターの皆さま、そして留学中に様々なサポートをしてくださったハワイ大学の皆様に改めて感謝申し上げます。本当にありがとうございました。

ハワイ大学ワークショップ(春季)
プログラム内容

The March 2019 Learning Clinical Reasoning Workshop				
A Program of the John A. Burns School of Medicine Office of Medical Education				
Monday, March 18	Tuesday, March 19	Wednesday, March 20	Thursday, March 21	Friday, March 22
9:00-9:30 am (314) Welcome & Workshop Overview Dr. Omori, Dr. Sakai	9:00-9:15 am (314) Morning Stories Dr. Sakai	9:00-9:15 am (304) Morning Stories Dr. Sakai	9:00-9:15 am (302) Morning Stories Dr. Sakai	9:00-9:15 am (314) Morning Stories Dr. Sakai
9:30-11:00 am (217) Chest Pain & Cardiac Exam: Dr. Omori	9:15-10:15 How to Deliver Bad News Dr. Sakai	9:15-9:25 Standardized Patient Exam 3: Briefing Dr. Sakai	9:15-10:15 am (Sim Lab) Group A Manikin Simulation 1 Adult Dr. Sakai	9:15-10:15 Injection Clinic Dr. Omori
11:00-11:50 am Communication Skills Practice: Chest Pain	10:30-11:15 Delivering Bad News Practice	9:30-10:15 am Group A Standardized Patient Exam 3: Shortness of Breath Dr. Fong, Dr. Murai	Group B Manikin Simulation 1 Pediatric Dr. Murai	10:15-11:15 Suture Clinic Dr. Omori
12:00 - 12:15 Tour of the MEB with JABSOM students	11:15 am - 12:00 pm Lunch on own	Group B (304) Cultural Activity: Hula Kumu Jessica Warmoth	10:20-11:20 am Group A Manikin Simulation 1 Pediatric Dr. Sakai	11:15 - 11:30 am (314) Wrap Up & Evaluation Dr. Sakai
12:15-1:15 pm (314) Welcome Lunch with JABSOM students	12:00-12:15 pm (314) Standardized Patient Exam 2: Briefing	10:25-11:10 am Group A (304) Cultural Activity: Hula Kumu Jessica Warmoth	Group B Manikin Simulation 1 Adult Dr. Murai	11:45 pm Shuttle bus to Aloha Lunch
1:15-2:15 pm (314) Smoking Cessation Dr. Sakai	12:30-1:00 Group A Standardized Patient Exam 2: Delivering Bad News Dr. Kasuya, Dr. Wong	Group B Standardized Patient Exam 3: Shortness of Breath Dr. Fong, Dr. Murai	11:30 am - 1:00 pm Lunch on own	12:00-1:30 pm Aloha Lunch All
2:30-3:10 Group A (314) Cultural Activity JABSOM Students	1:15-1:45 pm Group A (314) Cultural Activity JABSOM Students	11:15-11:30 am (304) Standardized Patient Video Review & Debriefing Dr. Sakai	1:00-2:00 Group A (Sim Lab) Manikin Simulation 2 Adult Dr. Horio	1:30 pm Return to lodgings by shuttle
Group B Standardized Patient Exam 1: Smoking Cessation Dr. Lee, Dr. Kasuya	Group B Standardized Patient Exam 2: Delivering Bad News Dr. Kasuya, Dr. Wong	11:30 am-12:30 pm Lunch on own	Group B (Sim Lab) Virtual Procedures Dr. Fong, Noelani	
3:15- 3:55 Group A Standardized Patient Exam 1: Smoking Cessation Dr. Fong, Dr. Lee	2:00-2:30 pm (314) Bad News Video Debriefing Dr. Sakai	12:30-2:10 pm (302, 304, 305B) Triple Jumps & Debriefing Dr. Fong	2:00-3:00 Group A (Sim Lab) Virtual Procedures Dr. Fong, Noelani	
Group B (314) Cultural Activity JABSOM Students	2:40-3:55 am (217) Shortness of Breath and the Pulmonary Exam Dr. Murai	12:30-1:00, Case 1 1:05-1:35 pm, Case 2 1:40-2:10 pm, Case 3	Group B Manikin Simulation 2 (Sim Lab) Adult Sims Dr. Horio	
3:55-4:00 Closure	3:55-4:00 Closure	2:20 pm Group Photo		

ハワイ大学ワークショップへ参加して

派遣期間: 2019年3月18日～3月22日

医学部5年生

星野 弘樹

3月中旬にハワイ大学医学部(John A. Burns School of Medicine)にて開催されたワークショップに参加してきました。今回のワークショップは北は弘前大学から、南は佐賀大学と全国から20名の医学生が集まり、医学や英語の勉強は勿論ですが、医学生同士の交流も良い経験になりました。実際、自分の意思で海外留学してくる方々だったので、USMLEを受験するなど意識が高い人が多く、私も刺激を受けました。

ハワイ大学での実習は日本の実習と異なり実践的な内容が多いように感じました。例えば禁煙指導の外来実習ですが、どのように禁煙指導するか講義はもちろん、実際に模擬患者を設けて指導もするなど、インプットとアウトプットを同時に行える素晴らしい体制でした。医療面接に関しては実際英語を用いた表現や注意して行なうべき点、文化の違いで聞いてはならない点など、日本では学べない貴重な事項を学べる良い機会でした。またPBL形式のディスカッションは、内容自体は5年生の私にとっては少し易しめの内容だったのですが、実際に医学英語を用いた形式だったので、内容を理解したり疾患を英語で議論したりするのは決して易しいものではありませんでした。ハワイに行く前に予習はしていたつもりでしたが、いざ実践になるとなかなか医学英語が出て来なくて苦労しましたが、自分の医学英語を見直す良い機会になったのではないかと思います。私は海外で医学を学ぶのは初めての機会に困惑する事もありました。しかし同じ日本人医学生の仲間やハワイ大学の医学生、先生方のおかげで何者にも変えられない有意義な時間を過ごすことが出来ました。

最後になりましたが、このような成長の機会を与えてくださった、中山センターやハワイ大学のスタッフ、その他の関係者の皆様にこの場をお借りして感謝申し上げます。



Learning Clinical Reasoning Workshop
March 18-22, 2019
University of Hawaii, John A. Burns School of Medicine
Honolulu, Hawaii, USA





Program Schedule (台北医学大学看護学部プログラム)
The Study Program for 2019 March Inbound Students at College of Nursing, TMU
(2019/03/04-2019/03/15)

Week	Day	Time	Schedule	Location	Speaker(s) / Host(s)
Week One	3/4 (Mon)	09:30 12:00	Opening Remarks Program Briefing by the Director Introduction for College of Nursing at TMU & Taipei Overview Introduction for Inbound Universities (about 10 minutes by each group)	OMB 1F Meeting Room 口腔大樓1樓會議室	Dean Kuei-Ru Chou 周桂如院長 Vice Dean Chiou-Fen Lin 林秋芬副院長 Vice Dean Min-Huey Chung 鍾明惠副院長 Director Hsiu-Ting Tsai 蔡秀婷主任Assistant Pro. Prof. Ing-Jy Tseng 曾櫻枝老師 Prof. Hsin-Yen Yen 顏心彥老師 Prof. Hui-Chuan Huang 黃惠娟老師 Prof. Yu-Huei Lin 林玉惠老師 Prof. Shu-Fen Niu 鈕淑芬老師 Prof. Fu-Chih Lai 賴甫誌老師
		12:00 13:30	Welcome Party (Lunch)	UMB 13F Lobby 護理學院大廳	
		14:30 16:00	Assemble at 14:20 - UMB 13F Lobby Campus Tour 14:30-15:10 Library Tour 15:20-15:50 History Gallery	UMB 2F Library 圖書館 UMB(Front Building) 1F History Gallery校史室	
	3/5 (Tue)	10:00 12:00	Assemble at 09:20 - UMB 13F Lobby Taipei Medical University Hospital Tour	TMUH附設醫院	Director Shu-Tai Hsiao 蕭淑代主任 Vice Director Shu-Liu Guo 郭淑柳副主任
		14:00 16:00	Lecture: Long-Term Care in Taiwan	Computer Lab, UMB 13F 13樓電腦教室	Dr. Yen-Ben Kao 高燕彬老師
	3/6 (Wed)	10:00 12:00	Assemble at 09:40 - UMB 13F Lobby Wan Fang Hospital Tour	WFH萬芳醫院	Director Doresses Liu 劉淑芬主任 Vice Director Lee-Fen Yu 游麗芬督導長
		14:00 16:00	Lecture: Universal Health Insurance - Lessons Learnt from Taiwan		Dr. Tzay-Jinn Chen 陳再晉老師
	3/7 (Thu)	10:00 12:00	Lecture: Nursing Quality and Patient Safety in Nursing Education	Auditorium Building 2F Computer Classroom C 杏春樓電腦教室C	Dr. Fu-Chih Lai 賴甫誌老師
		14:00 16:00	Assemble at 13:20 - UMB 13F Lobby Shuang Ho Hospital Tour	SHH雙和醫院	Director Hsiu-Ju Jen 任秀如主任 Vice Director Chun Mah 馬君副主任
	3/8 (Fri)	10:00 12:00	Lecture: The Management Strategies in Long Term Care	OMB 1F Meeting Room 口腔大樓1樓會議室	Dr. Garry Huang 黃詩鈞執行長
		14:00 16:00	Assemble at 13:30 - UMB 13F Lobby Visit: Discovery Center of Taipei	Discovery Center of Taipei 臺北探索館	

Week	Day	Time	Schedule	Location	Speaker(s) / Host(s)
Week Two	3/11 (Mon)	10:00 12:00	Lecture: Demantia Care in Taiwan	UMB 16F Lecture Hall 後棟16樓演講廳	Prof. Reiko Chiu 邱惠玲老師
		14:00 16:00	Lecture: Leadership and motivation in a cross cultural context	UMB 15F Conference Room 1 後棟15樓第一會議室	Dr. Garry Huang 黃詩鈞執行長
	3/12 (Tue)	10:00 12:00	Lecture: Complementary and Alternative Therapies in Elderly: Demo (Tuina, Kinesio Taping, Pilates)	UMB 16F Lecture Hall 後棟16樓演講廳	Dr. Li-Fong Lin 林立峯老師
		14:00 16:00	Lecture: Health Tourism and Cultural Travel in Taiwan	UMB 16F Lecture Hall 後棟16樓演講廳	Prof. Hsin-Yen Yen 顏心彥老師
	3/13 (Wed)	08:00 16:00	Assemble at 07:50 Clinical Observation	Taipei Medical University Hospital (TMU) 附設醫院	
				Wan Fang Hospital (WFH) 萬芳醫院	
				Shuang Ho Hospital (SHH) 雙和醫院	
	3/14 (Thu)	10:00 12:00	Lecture: Introduction to Chinese Medicine Visit Chinese Medicine Clinic	OMB 1F Meeting Room 口腔大樓1樓會議室	Dr. Wan-Ling Lin 林琬翎醫師
		13:00 15:00	Lecture: The Introduction and Application of Assistive device in elderly: Demo (Use of mobility assistive device)	UMB 15F Conference Room 2 後棟15樓第二會議室	Dr. Li-Fong Lin 林立峯老師
	3/15 (Fri)	Free Activity			
		15:00 17:00	Final Presentation and Evaluation (about 10 minutes by each group)	OMB 1F Meeting Room 口腔大樓1樓會議室	Dean Kuei-Ru Chou 周桂如院長 Vice Dean Chiou-Fen Lin 林秋芬副院長 Vice Dean Min-Huey Chung 鍾明惠副院長 Director Hsiu-Ting Tsai 蔡秀婷主任Assistant Pro. Prof. Ing-Jy Tseng 曾櫻枝老師 Prof. Shu-Chun Lee 李淑君老師 Prof. Hui-Chuan Huang 黃惠娟老師 Prof. Shu-Fen Niu 鈕淑芬老師

台北医学大学での研修について

派遣期間：2019年3月4日～3月15日
看護学部3年生
田中 結宇

今回の台北研修では、高齢化が進む台湾での医療制度や認知症ケア、保険、東洋医学などの台湾の医療をはじめ、病院実習を通して、台湾の実際の看護について、そしてリーダーシップや経営学、歴史など様々な領域を学ぶことができました。また、放課後や休日では、TMUの学生や他校の学生と一緒に、学校近くや西門町、九分などたくさんの場所を観光することができました。

講義や病院見学及び実習を通して、日本と台湾、さらに香港との相違点を学ぶことができました。その中でも特に印象に残っているものは、台湾での外国人ヘルパーの雇用率の多さと実際に看護師が行っているケアについてです。日本と同じく高齢化が進んでいる台湾では、訪問看護や在宅看護が重要視されています。特に台湾では家族の面倒は家族で見るという考え方が浸透しており、台湾での在宅看護の割合は全体の約90%ととても多く、病院に入院しているときは家族と一緒に病院で寝泊りすることがほとんどです。しかし、実際は家族だけで介護やケアを行うことは難しいため、外国人ヘルパーを雇うことで、家族だけではできないことを補っているという現状でした。日本でも人手が足りず、外国人を雇用することについて検討されていますが、まだまだその数は少なく、これは台湾と日本の



↑ 病院実習にて実際にオペを見学
させていただいたときの1枚

↓ 病院内の認知症専門病棟の一角



↑
← 教授とのphoto time

文化や考え方の違いが関係していると学びました。私は特に異文化についてとても興味があつたため、とても面白く感じました。また、日本では、患者さんが入院されている間、ほとんどのケアを看護師が行いますが、台湾ではオムツ交換をはじめとする患者さんの身の回りのケアはほとんど家族(家族が出来ない場合は外国人ヘルパー)が行うと知り、日本では当たり前だと思っていた看護が、他の国では当たり前ではないのだということに気づきました。さらに、日本では看護学生は許可なく医療行為を行うことは禁止されていますが、台湾では看護学生だけで血糖測定を行うなど学生の時からより実践的な医療行為に関わっているのだと知り、とても驚きました。これらに加え、香港では、看護師は採血などは行わないということや、1人の看護師に対して平均15～20人の患者さんを受け持つと知り、日本との大きな違いを学びました。これらのことから、私たちが普段当たり前だと思っていることが、他の所へ行った途端に当たり前ではなくなり、これらはその国の文化や歴史と大きな関わりがあるということを改めて気づくことができました。他にも興味深い授業がたくさんあり、講義はすべて英語で行われるので、自分たちが聞いたことが本当にあっているのかという確認も含め、その講義が終わるごとに他大学の学生やTMUの学生たちと話し合ったりすることも多く、講義の復習にもなりますし、そこでも自分とは違う考え方などを学ぶことができたためより知識が深まりました。

放課後や休日は、同じ大学の学生同士だけでなく、他大学やTMUの学生たちといろいろなところへ観光しました。私自身ともう一人の同じ大学の学生は、以前にも台湾を訪れたことがあつたため、今回は九分や夜市など代表的な観光地だけではなく、より地元の人たちが行くようなお店に連れて行ってもらったり、以前こちらに同じく留学に来ていて仲良くなったTMUの学生たちの家に行ってホームパーティーを行ったりと様々な体験ができ、毎日が刺激的で充実しており、とても楽しかったです。TMUの学生はみんなとても優しく、ほとんど毎日「今日は何か予定ある?」「どこか行きたいところとかしたいことはある?」など声をかけてくれ、中国語が全く分からない私たちに英語で翻訳してくれたり本当に有難く頼れる存在でした。また、他大学の学生たちともお互いに「今日はどこ行く?」と声を掛け合ったり、自分たちの学校や私生活についてなども話し合っていました。さらには、宿泊先のホステルでも、同じように宿泊している他国の人々と、一緒にカードゲームをして遊んだり、料理を作り合って一緒に食べたり、お酒を飲みながら話し合ったりと交流することができ、毎日が本当に楽しく人とのつながりの強さを感じたり、優しさや思いやりに触れることが多く、毎日が刺激的でとても楽しかったです。私が今回の研修をこれほど充実したものに出たのは、TMUの学生や他大学の学生をはじめとする周りの人々の存在があつたからだ強く感じています。それと同時に、もちろん向こうからも話しかけてくれるのですが、自分から行動することで、より多くの人々と関わることで、絆も深まったと感じているので、自分から行動する大切さについても学ぶことができました。今回台湾という日本とは歴史も文化も異なる国で(似ているところも多いですが)研修することで、日本で勉強するだけでは分からない実際の台湾の医療や文化などについて学ぶことができ、世界には様々な考え方があり、自分が普通だと思っていることがそうではなかったりと、身をもって体験することで、それまで狭まっていた自分の視野が改めて広がったと感じています。また、日本との相違点を学ぶことで、他国のことだけでなく、改めて日本という国についても、より理解が深められたと感じました。そして、今回は主に学生や先生方、看護師さんたちとは英語で会話をしていましたが、地元のお店など英語が通じないところでは、何を話しているのか分からないといった不安を感じる時もあり、日本で言葉が通じない患者さんたちをはじめとする外国の方々も同じように感じているのではないかと感じ、そういった方々の不安を少しでも緩和できるような存在になりたいと感じました。それと同時に、もちろん言葉だけが全てではありませんが、何を話しているのか知りたい、もっといろんな言語を学びたい、英語のスキルをもっと上げたいと改めて強く感じました。

今回学んだことは今後の生活でも役に立つことが多いため、学んだことを自分の中で活用できるようにし、さらなる自分のスキルアップに向けても行動していこうと思います。今回このようにとても素敵で貴重な経験が出来たのは、上記の様に、TMUの学生や先生方、看護師の皆様、研修前から準備をしてくださった中山国際センターの武田さんをはじめとする皆様、英会話教室でもいろいろと力になってくださった原先生や異文化を学ぶにあたり、教えてくださったカルデナス先生、そして一緒に参加し、過ごした2週間のパートナーのおかげであると感じています。このような機会をくださり、本当にありがとうございました。

台北医学大学の研修を終えて

派遣期間：2019年3月4日～3月15日
看護学部3年生
前理紗子

台北医学大学の研修で色々な国、大学、学部、学年、先生、3つの病院を見ることで物の見方、感じ方が本当変わりました。日本の事を中心に学んできた私達にとって、台湾や香港の保健医療システムや文化の違いを直接見て感じたのは本当に自分の身になる経験でした。今回の台北医学大学の参加校は、大阪医科大学の他にも香港や東京、兵庫、北海道、石川など様々な地域から派遣されました。同じ日本であっても、それぞれの病院の特色を知れたり、今まで学んできたカリキュラムが全く違ったりと学ぶことは沢山ありました。

授業を受けて感じたのは、日本での授業は看護師になるためにという資格色が強いと感じ、台湾では看護だけでなく経営学やリーダーシップを取るための授業があり看護師という職業にこだわっていないのを感じました。実際に台湾では看護学部を卒業しても病院に就職する人は日本程多くありません。また、ケアの内容も、家族で看るという文化の違いもあり、家族が患者の横のベッドで寝泊まりしていて寝衣交換や術後のケアの多くは家族がするというのも学びました。日本では看護師がすることなので、家族が看護することに驚きました。反対に、台湾や香港の学生は日本で看護師がすることに驚いていました。文化の違いから来る看護の仕方も学ぶことが多かったです。

放課後はバディの人達や去年の秋に台北医学大学から大阪医科大学に研修に来ていた人達とご飯や観光に行ったり、週末は同じ大学の子と九份に行ったりと楽しみました。毎日お昼も夜も色々な所に連れて行ってくれて本当に皆さん優しくかったです。

授業や病院見学以外にも、空き時間に皆でディスカッションもしました。香港と台湾の子と話したことで、看護師の人材の確保が難しいことが台湾・香港・日本の国で共通する課題です。特にその課題が深刻である香港は日勤帯で看護師1人に対し最低30人の患者を見る必要があり看護師の負担が大きすぎることで、台湾でも看護師1人に対して患者13人で日本は看護師1人に対し患者7人なので、非常にハードな仕事であるのがわかります。外国人労働者の事も話しました。日本ではこれからもっと外国人労働者が日本で働きます。台湾と香港では以前から進めているので、学ぶことは沢山あり、これから日本で起こりうる問題を認識することも出来ました。こういった学びが沢山あったのも、中山国際センターと台北医科大学、英会話教室、先生方の協力があったことです。本当にありがとうございました。



←
家族が看護するのが基本文化なので病棟の壁にある看護の方法についてのQRコードを読み取りいつでも正しい看護方法が学べます

SIMPIC参加体験記

派遣期間：2019年3月15日～3月18日
医学部1年生
甲田尚子

私は、バンコクに位置するマヒドン大学で行われるクイズ大会、SIMPICに参加しました。毎日が興奮の連続で、最高の4日間でした。ここではその4日間を振り返っていこうと思います。

1日目。タイに到着し、ホテルで参加登録を済ませた後は自由行動だったため、私達大阪医科大学のチーム4人で、China townに移動し、タイ料理を楽しみ、その後、night marketで買い物しました。この日も楽しかったのですが、単なる観光の感想になるので、ここでは割愛します。

2日目。この日の午前中はfirst round competitionがあった。SIMPICは微生物学、寄生虫学、免疫学の知識を競う国際的な医学生対象のクイズ大会なので、このcompetitionの時間が本来の目的なのですが、派遣時1年生であったことと私の勉強不足もあり、全然分かりませんでした。

competitionを終えた後、group moderatorのMayとBillと顔合わせしました。この2人にはその後ずっとお世話になりました。Billは日本に5年住んでいたらしく、日本語が通じるので、とても心強い存在でした。昼食後、Hospital visitをしました。これは単なる病院見学ではなく、博物館、資料館、シュミレーションセンターの見学です。この中で特に感激したのは、解剖学博物館に展示してある臓器の量の多さです。1つの臓器だけでも何種類も置いてあり、解剖を学んでから行けば、更に面白かったらと思います。そして、歩き回って足が疲れてきたタイミングで、綺麗な講堂でOpening ceremonyがありました。普段、医学生である彼らがこの日のために練習を重ねて披露してくれるのですが、そのクオリティーの高さには脱帽しました。ムエタイ、タイの文化、国際的な友好を表すショー、その全てが素晴らしく、本当に感動しました。その後のWelcome partyではチャオプラヤ川を船で遊覧しつつ、ご飯を食べました。この時、ショーに出演していた人と会い、感動を思いのまま伝えなかったのですが、言語が追いつかず、歯がゆかったです。

3日目。この日は朝からsightseeingとしてワットプラケオに行きました。屋外で歩き回っていて、暑かったという印象が強いですが、大学に戻り、おやつに貰ったタピオカミルクティーは冷たくて本当に美味しかったです。その後、creative activitiesとして、広大な芝生の上で、4チームに分かれ、色々なゲームをしました。みんな年齢や出身国やクイズのことを忘れ、一丸となってゲームに集中しているうちに、同じチームになった学生と自然と打ち解けていきました。そして、日も暮れようとしている時、予想を遥かに上回ったThai villageが始まりました。色々な食べ物、飲み物の屋台、ゲームが出来る屋台、タイの工芸品を創作出来る屋台が立ち並び、その全てが無料で、心をくすぐられました。それに加え、クイズ大会やみんなでタイの盆踊りを踊る時間などもあり、とても楽しかったです。

4日目。この日はrevival round、second round、semi-final、finalとクイズ大会が進んでいきました。表彰式、閉会式があり、farewell partyの会場に移動しました。farewell partyでも学生さん達が細やかな準備をしてくれていて、泣きそうになりました。彼らのホスピタリティは本当に感激します。とても幸せでした。

SIMPICから帰った今、デコレーションしてくれた私の封筒、その中に入った複数のメッセージ、そして楽しかった思い出を手に残しています。また一つ、人生の宝物が増えました。

最後に、このような素晴らしい経験が出来たのは、中山国際センターの方々、SIMPIC参加経験者である先輩方、家族、そして私と一緒に行ってくださった3人の先輩方の支えがあったからです。本当にありがとうございました。

SIMPICに参加して

派遣期間: 2019年3月15日～3月18日

医学部2年生

岡崎早也圭

まずは、大阪医科大学からSIMPICに派遣させていただきありがとうございます。派遣にあたって支援してくださった中山センターの皆様、先生、先輩方に感謝します。

今回のSIMPICへの派遣を通して、1点目により専門的な勉強、2点目に世界のレベルの認知、そして3点目に幅広い人間関係を築くことができました。

勉強面に関しては、夏休みからまだ未修だった免疫学に取り組み、授業と並行して微生物学も英語のテキストを用いて学習しました。今回は1回生1人、2回生2人、3回生1人の4人1組という学年をまたいだチームであったため、皆が揃って勉強することはなかなか難しかったですが、先輩方のアドバイスや指導に助けられながら、昼休みや放課後を使って勉強会を積極的に行うことができました。学校のない日も集まって、自主的に勉強に取り組むこともできました。

東南アジアなどでメジャーな病気も、日本の衛生環境上あまり重視されない細菌や微生物が数多くあります。そのため、日本で一般的に学習する内容と、今回のクイズで求められるレベルに大きな差がありました。今回の大会の結果としては、第2ラウンドに進むことができませんでしたが、そのためにした勉強や努力は価値のあるものだと感じています。

今回の大会を通して1番驚いたのが、他の競技者やマヒドン大学のスタッフの方々の英語力、行動力です。

まずクイズに関して述べると、他国では基本的に医学は英語で勉強することから、そのような国の競技者は当たり前のように英語の問題に取り組んでいました。日本はありがたいことに、日本語で医学を勉強することができますが、裏を返せば英語での医学教育で圧倒的に劣っていると言えます。

一般的な英語力をとっても、英語を通じた学習により英語力が向上している面があるとは思いますが、コミュニケーションのツールとしての英語力が非常に高く感銘を受けました。司会や説明、会話において、一般的な日本の学生には到底できない流暢な英語を数人ではなく、参加者やスタッフ皆が話せるのです。

周りの勉強への取り組む姿勢や習熟度はもちろんですが、皆の英語力の高さに圧倒されました。また今回のSIMPICは、マヒドン大学医学部の皆さんが企画運営を行っていました。SIMPICは、もちろんクイズがメインではあるのですが、それだけでなくマヒドン大学医学部の学生さんによる数え切れないほどのおもてなしを受けることができました。オープニングセレモニーにおける出し物や、ウェルカムパーティ、ディナークルーズ、大学内の医学の歴史博物館や解剖学博物館などの案内、いくつかのコースに分かれた市内観光、皆で協力するアクティビティ、フェアウェルパーティといった企画を、数百人規模で行っていました。その企画力、運営力、映像やPowerPoint1つをとっても素晴らしく、自分達と同じ年代の医学生であることに驚くと同時に感動しました。

最後に、SIMPICを通して幅広いコミュニティを得ることができました。今回の大会への参加国はタイ、マレーシア、インドネシア、インド、バングラデシュ、カンボジア、モンゴル、フィリピン、中国、台湾、日本の11カ国と非常に多く、様々な医学生と関わることができました。アクティビティや観光、パーティなどの活動を通して、スタッフの皆さんと交流したり、他の競技者の皆と話したりという、多くの体験を通して新たなコミュニティを作ることができました。その場だけの関係ではなく、帰国後も連絡を取り合える、貴重な関係を築くことができました。

今回のSIMPICでは、今までに体験したことない貴重な経験をすることができ、他の学生から多くの刺激を貰うことができました。本当に参加して良かったです。

2019SIMPIC

派遣期間: 2019年3月15日～3月18日

医学部3年生

永田 愛結

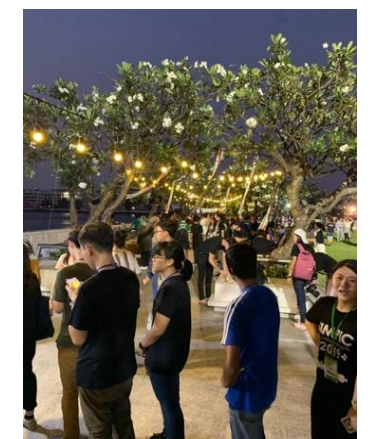
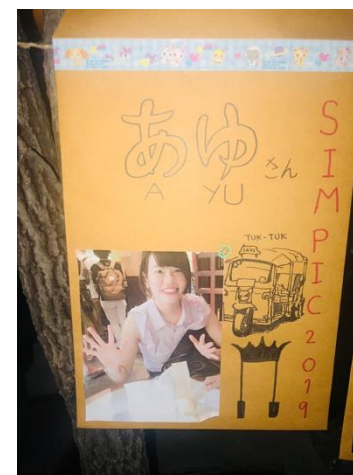
この度はsimpicにコンペティターとして参加させて頂きました。3回生は総合試験があり、日程的にばたきましたが、行ってよかったと心の底から思いました。以下、1 印象に残ったこと、2 もっと準備をしておいた方がよかったと思った事、3 これから行く人たちへのメッセージと、大きく3つに分けて書きたいと思います。

1 印象に残っているのは、学生たちの温かさ、チームワーク力の高さです。各チームには、マヒンド大学の学生が案内役として2人ずつ付きます。私たちにはBillとMayがついてくれました。Bill は日本に5年間留学していた経験があるので、英語が理解出来なかったり、意思疎通がうまくいかない場面では助けてくれました。授業があり、忙しい中でも、常に私たちの事を気にかけてくれました。simpicはマヒンド大学の学生達だけで運営されています。試験以外にも、アクティビティやセレモニーなどの沢山の演出があり、どれも楽しく、また、クオリティーの高さに驚きました。この数日間のために一年間、どれだけの準備をしてきただろうと思いました。学校全体を通してのチームワーク力の高さに驚きました。

2 もっと準備をしておいた方がよかったなと思った事は英語です。アジアの医学生は差はあれどほぼ英語が話せます。また、英語の医学専門用語が母国語に訳されていないので、英語で医学を学びます。司会者が英語でユーモアを交えて、話しているのを見て、英語力の無さを痛感しました。もっと英語を勉強しておけば、色々な人たちとより深く交流出来たかなと思いました。

3 simpicに参加する目的やモチベーションは人それぞれだと思います。行く前にsimpicに行って自分が何をしたいのか、目的を明確にして、それをメンバーで共有する、そしてそれに向かって準備して行くことよりいいと思います。simpicは思っていた何倍も楽しく、有意義なものでした。行くか迷っているならぜひ行った方がいいと思います。

最後になりましたが、中山センターの皆さん、一緒に行ってくれたみんな、先輩や先生などありとあらゆる方達にお世話になりました。本当にありがとうございました。





SIMPIC2019

派遣期間: 2019年3月15日～3月18日

医学部2年生

加藤夕佳

SIMPIC 2019 was definitely one of the memorable experiences I have ever had. It was such a well-organized event that I still could not believe that all of the event were organized and run by medical students in the same grade as me. As a team, we could not make any good results. But I can say that it was worth participating not as an observer but as a competitor even though we faced some obstacles. At first, we did not have enough members, we could not make enough time to study together as we are all in different grade. However, we were a team after all and worked together as a team. I did realize many important things through SIMPIC and cooperating, as a team is one of them. Also, I thought of the importance of English once again. Teams from 11 different countries took part in SIMPIC and Japan is the only country where students learn medicine not in English. It is such a shame that many Japanese students have difficulties communicating in English. I was surprised how clever other delegates are and they definitely stimulated me to study harder.

The event started from opening ceremony. Students from Mahidol University were dressed up and their performances were all overwhelming. SIMPIC stands for Siriraj international medical Microbiology, Parasitology and Immunology Competition, but it also means S for Siriraj, I for Internationality, M for memorial, P for prevalence, I for intelligence, and C for connection.

Let me quote wonderful remarks from a professor doctor from Mahidol University.

“It is not the matter that which team will be the winner, but most important thing is that you are all the winners. You all decided to take part in SIMPIC and studied hard together for it. SIMPIC is the place where our friendships grow and it is the platform allowing medical students from different countries with different cultures to work together and to learn together. After this competition, you will strengthen your relationships and friendships it will be beginning of network of future doctors. Diseases will be more and more complicated and to handle theses complexity we need such networks.”

I was totally moved and the words reminded me that all the hardwork will eventually pay off in some way. Through this precious experience completion, I gain inspirations to study much harder and international friendships.

Osaka Medical College Rotation Program Report

Chen Kuan-Hung

6th Year Student

National Taiwan University

Date: 2018/04/23~2018/05/25

Introduction

Osaka Medical College (which is abbreviated as OMC below) is a private medical university located in Takatsuki City, which is a city between Osaka and Kyoto. The transportation from Takatsuki to Osaka and Kyoto is really convenient, around 15 to 20 minutes from OMC by JR or Hankyu railway. Takatsuki city is actually the third or the fourth big city in Osaka Prefecture. It's not difficult to find a good Japanese cuisine restaurant here. In Takatsuki, there are not so many foreign tourists here, and exchange students can experience local Japan culture and life here. In Osaka Medical College, there are two faculties: Faculty of Medicine and Faculty of Nursing. In Faculty of Medicine, there are six grades in total, and there are around 100 students in every grade. The spirit of establishment of OMC is “Medicine with Sincerity”. In my five weeks rotation in OMC, I really feel OMC doctors' sincerity toward patients and passion for medical education. Without a doubt, OMC rotation program is the most special rotation program I have ever participated in. In OMC rotation program, the exchange students will be arranged to different departments everyday. Some would say that it's not enough for medical students to have a better understanding of that department. I hold the different opinion that the purpose of rotation program is to let us understand how the foreign country medical system work and keep the must-know knowledge of that department in our mind but not well trained by that department. From my standpoint, I found that these five weeks really help me to experience how Japan medical system work and what direction is their next future target. Within these five weeks, I have visited 14 departments, 3 specialized hospitals and three research departments and institute. Japan and Taiwan Society share several similarities such as aging population, insurance bankruptcy possibility and doctor-shoppers. Below I will introduce my five weeks rotation program into four parts: survival tips, basic medicine department, clinical department and school life. I would compare what I observe in Japan medical system to Taiwan current medical system to discuss if there is a better way for us to go.

Survival Tips-Before and After Departure

You may think this five-week special program is more sightseeing than a



clerkship elective. However, if you hold this idea for this course, I would persuade you not to join this special rotation. It is very complicated and difficult for Ms. Matsumoto who works in OMC Nakayama Center for International Affairs to contact the professor and the doctors in every department. During my stay in every department, I could feel every professor and doctor's hospitality and passion. Basically, after Office of School of Medicine of NTU has decided who will be sent to OMC (It's around September.), Ms. Matsumoto will contact us for immunization form, transcript and autobiography. For immunization form, it is universal for Japan or US medical schools to ask for chest X-ray or IGRA test for tuberculosis. As for autobiography, we are asked to introduce ourselves including the future career goal, the motivation to rotate in OMC, hobbies, sports and favorite Japan drama and animation. The reason for this autobiography is for every department doctors and professors knowing more about the exchange students more quickly. Hence, they could prepare the corresponding knowledge which exchange students will be interested in. Second, it is really important for exchange students to reply Ms. Matsumoto's letter promptly. In this special program, Ms. Matsumoto will arrange the department we will visit based on our future interest in medicine. It is common that exchange students will receive several emails asking which department we are interested in within 3 to 4 days. I would recommend exchange students take the emails seriously. Third, during the rotation program in OMC, it is very important for exchange students to be punctual for every activity. Punctuality is a very important culture for Japan, and Ms. Matsumoto hope exchange students could show their attention to the program and respect for the doctors and professors. In a short word, "If you want others to respect you, you should respect them first!" If we show our passion, motivation and respect, you will feel their hospitality and how they take care of us.

Basic Medicine Department

Basic medicine department always plays the role of pushing the improvement of clinical medicine. The father of Modern Physiology, Claude Bernard, once said "Observation is a passive science, experimentation an active science." From his word, we can realize the importance of the basic science research. I felt really lucky that I had opportunity to visit Physiology Lab, Pharmacology Lab and CiRA (Center for iPS Research and Application). It is really amazing that OMC and Japan government invested so much money to establish a better infrastructure setting and worked so hard to create an environment for sharing ideas and mutual communication. For example, in OMC, there were a quick Westernblot machine and a motion-detection microscopy. Before, I always thought Western-blot would take 2 days to finish. However, this machine can shorten the total running time to two to three hours. "Time is money." has

become the most important concept in the modern research society. Sometimes, even if we had a good idea in a specific research topic, but it is common to come across the situation that other research team conducting a similar study and they published the study prior than us. I never saw this machine in Taiwan before, and it was really surprising for me to see how the progress of technology influences basic medical science. From this, we can know how much effort and attention that OMC puts and pays to basic research.

As Dr. John Gorrie said, "Physiology is the basis of all medical improvement and in precise proportion as our survey of it becomes more accurate and extended, it is rendered more solid." I was so lucky that I had chance to visit Professor of Department of Physiology, Prof. Ono's laboratory, whose research field is mainly on neuroscience with the use of zebrafish. When we were in third grade studying physiology, I have learned the application of Drosophila to establish a disease model for neurological disease. This is my first time to see the using of vertebrae to establish a disease model for neurological disease. What impressed me the most are the whole sets of fish tanks and the automatic feeding systems. This makes me realize conducting a research in biomedicine is not only using pipette and running PCR or western-blot but also taking care of the research object and its living environment. I also learned how difficult it is for running a laboratory. They did a really great job in finding the key element of acetylcholine receptor, and I believe they will clarify more mechanism of movement in the near future.

Since Dr. Shinya Yamanaka won the Nobel Prize for iPS(induced pluripotent stem) cell in 2012, the research on using iPS cell for regenerative medicine gets more and more popular. The application of iPS isn't only restricted to regenerative medicine. During my visit in Department of Pharmacology in OMC, the idea of using iPS cell for new drug discovery really amazes me so much. Indeed, for now, it is still very difficult for us to develop a whole organ with iPS cell. Not only the micronutrient environment but also the scaffold of an organ is the difficulty for organ creation that scientists should overcome. However, for new drug discovery, what we want to know is the toxicity and the therapeutic effect of the new drug to the human cell or tissue, and it is not necessary for the new drug to be used on the whole organ or an individual in the phase of new drug discovery.

iPS-derived cardiomyocyte tissue with synchronized contraction

What's more, compared to traditional use of animal model, the cell/tissue model re-differentiated from iPS cell could provide a better model with more precision and similarity to human body. For example, the therapy for rare disease such as Pompe's disease is really limited. The use of iPS cell with the



specific gene knocking-out could serve as a platform for testing the effect of new drugs on decreasing the storage of glycogen. Also, the possible toxicity of the new drug could be tested on the iPS-cell-derived normal cardiomyocyte, neuron or other cell model. "Thinking outside of the box." is not only a slogan but an important idea we should always keep in mind and practice in our everyday lives. The use of iPS cell-derived cell/tissue model is the best example. Although it's a long way to go for organ creation, iPS cell is still a good weapon for doctors and scientist to fight against the disease.

CiRA is a very special research institute founded by Dr. Shinya Yamanaka after he won the Nobel Prize. It is located inside the Kyoto University Medical Campus and with four research buildings. Basically, only the first floor of this research institute is open to public for promoting public understanding of iPS cell. I am so lucky that we have the chance to enter the research area to see what they are doing and how they work together. I here appreciate Ms. Matsumoto's hard work again. CiRA is a really wonderful research institute. When I walk inside CiRA's laboratory, I could feel that the designer of this lab wants every researcher to have the chance to talk to each other. Every research team shares the same wide and open space. I really agree with their opinion that two heads are better than one even they are not in the same research field. In 21st century, it's really difficult for an individual to catch up with the pace of the accumulation of information. It's important for us to cooperate with others in different field and integrate each other's knowledge to explore every possibility, to brainstorm and to find out the new view of already known knowledge. I really admire the way that CiRA researchers interact with each other and also admire the attitude that Dr. Yamanaka hold for taking the social responsibility to educate the public and improve the whole industry. To find out the unanswered problem in medicine is really fascinating, and I hope I could have the chance to be a surgeon scientist in the future, and work with excellent colleagues like the researchers and professor I met in OMC and in an amazing research institute like CiRA.

OMCH: Clinical Medicine Department

As I mentioned above, I was arranged to different departments every day. In this session, I would put an emphasis on OMC hospital and compare the difference between OMCH and NTUH. Actually, both of OMCH and NTUH share several similarities: first, both of them are university hospitals. Second, both of them are the central hospitals in the local area. Last but not the least, both of them pay much attention to medical research and clinical trial. However, they are also very different in so many ways: first, only medical doctors with medical license could do invasive procedure such as taking blood sample or putting on urinary foley catheter. That's to say, medical students can only take the history

from patients, and I also found that the medical student who had finished scrub-in could only stand aside watching the operation but not being an assistant. The advantage is that the patient's safety is well protected by the hospitals, but the disadvantage is that medical students would not have enough clinical experience to deal with the invasive procedure, and it might be bad for their learning in medicine. In my opinion, medical students in NTUH are lucky because we could have this privilege to do so many medical interventions to patients even when we are still students without the license. This is the trust between medical students and patients, and to do our best for providing the best medical service is the commitment we should make.

Second, doctors in OMCH could spend more time usually around 20 to 30 minutes on every patient. In the meanwhile, doctors in NTUH often give patient only 6 to 10 minutes. Sometimes, right after patients enter the clinic and sit down, they are informed of the next scheduled time for clinics by doctors and then leave the clinic with the bill that they should pay. From my perspective, this phenomenon is not because doctors in NTUH are lazy or they just want to earn money. The exact reason leading to the difference between Japan and Taiwan is that hierarchical medical system is very complete and sound. In one session (either morning or afternoon), doctors in NTUH would have more than 40 patients to see, and the highest record that I have ever seen is 150 patients for the morning clinic session. Averagely, every patients can only have less than 1 minute to be seen by doctors if NTUH doctors would like to finish clinic as schedule. Actually, it's a lose-lose situation for both doctors and patients in Taiwan. The patient can't have the best medical service, and the doctor could miss something and face the risk of malpractice. This is a very severe problem that Taiwan doctors face now. Taiwan Health Administration should learn from Japan medical system experience and try their best to correct this problem. When I follow the outpatient department in OMCH, I really feel that doctor's patience and the ease of patient's anxiety. This is the ideal relationship between doctors and patients in my mind, and I will always keep this attitude in mind when I start to be a doctor.

Third, OMCH are very willing to try new technologies to improve their medical service quality. For example, during my visit in the department of General Surgery, I saw the use of 3D image system while doing the laparoscopic surgery. With the 3D glasses being put on, the drawback of the image of laparoscopic video will be overcome, which means the surgeons could feel the depth of different organs on the laparoscopic image. That's to say, surgeons could have a better understanding for the depth that they should cut in, and it will be also easier for them to perform the surgery with both visual and tactile feedback.



will be also easier for them to perform the surgery with both visual and tactile feedback.

I also observe the use of capsule intestine endoscopy and 320-cut computer tomography in Department of Gastrointestinal Medicine and Radiology. Though some will say it's not necessary to use these technologies, they can use other examination techniques to investigate the patients' status and disease cause. However, with these techniques, it is easier for doctors and less painful for patients to confirm if patient is facing the threat of disease and the therapeutic effects. For example, with the 320-cut computer tomography, cardiologists don't need to re-perform the coronary angiography again for the assessment of the stenosis percentage or therapeutic effects.

From my perspective, using these technologies is not a waste of money or finding another way to let medical instrument company earn money. It's on the way to the innovation and creating a whole new way of treating the patients. It's just like the invention of the stent, endoscopy and radiosurgery. Although it will be doubted if it is useful or not at first, the really beneficial technology will be accepted by other doctors and applied universally. Therefore, if doctors never try new technology or new concept, our medicine will not improve anymore. I admire the spirit of being the pioneer in medicine of OMC a lot, and I also keep in mind that we should always update our medical knowledge every day and every year.

Japan Specialized Medical System

This time, I visited three specialized hospital and one emergent medical transition system by air. I was really surprised that there are even specialized geriatric hospital and specialized emergency hospital in Japan. In Taiwan, although there has been already several children hospitals and cancer hospitals, this is my first time to learn that there is a hospital only for elderly and for emergency.

Growing population of elderly has caused huge financial burden to Japan society, and the expenses of medical service and long-term care occupy most of the money that the government pays for elderly. Taiwan is also facing the same problem now. Hence, the problem of taking care of the elderly has been an important issue in both Japan and Taiwan government. National Geriatric Medical Center plays a key role in improving the life quality of elderly and the disease prevention of the elderly. They launched a multi-disciplinary health examination to the elderly, and the elderly will be evaluated in the aspect of

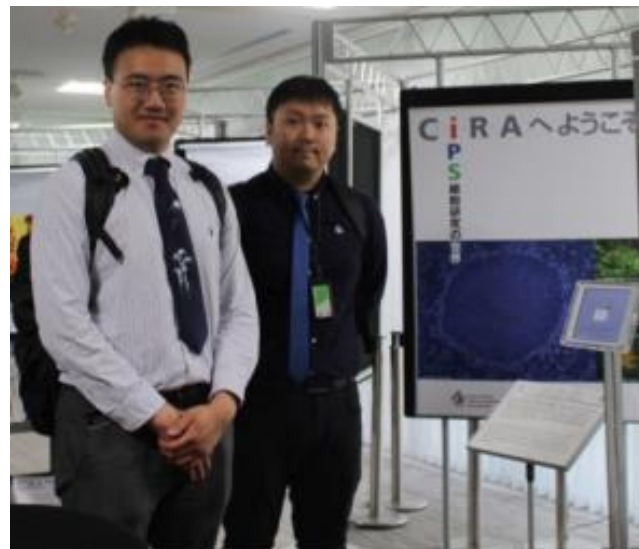
pulmonary, cardiac, renal and gastrointestinal function. The most amazing part is that all of the examination can be completed in one day, which means that patients don't need to come to the hospital for several times. It saves patients' time and will enhance their will to undertake the health examination. Besides, they will also analyze patients' life style and diet habit, and there will be a specific doctor who will explain all the results and give them suggestion how to lead a healthier life. This is one of the best examples to improve the welfare of the elderly. Besides, they also establish a department of dementia mainly for the assessment of early dementia and the subsequent care for dementia patients. I believe this department might be beneficial to so many patients and their family. Dementia is a very difficult disease to manage for both doctors and caregivers. This is really amazing that they integrate different departments including psychiatrist, psychologists and neurologists to provide the best support to the patients and their family. In the future, Taiwan society will also face the growing population of the elderly, and the system and experience of National Geriatric Center in Nagoya will be the best model for us to learn and work for.

Mishima Emergency Center is also a very amazing medical system that I first saw. It is a medical center only for patients in medical emergency such as motor vehicle accidents or acute heart attack, and they don't provide outpatient department during daytime (OPD during night time for emergency only). I like this system a lot because being an emergent neurosurgeon or cardiovascular surgeon is the reason why I want to be a doctor. I felt really excited when I entered this hospital. Same as my expectation, all the settings, systems and their patient population are my ideal working environment. This emergent medical hospital must have saved countless patients' lives. However, according to the introduction from their doctors and my observation, Mishima emergency hospital faces at least two big problems: (1)Difficulty in recruiting specialized doctor: It is really difficult for this medical center to set up a whole department for anesthesia or surgery, which means that recruited doctors must take care every patient on their own alone. For now, they only have one anesthesiologist and no cardiovascular surgeon currently. (2)High Cost to maintain on-call manpower: As an old saying goes, "Prevention is better than treatment." Japan government and administration of health try their best to promote the concept of safe driving and self-health monitoring within recent 10 years. The hospital president also mentioned the patient population change over these 30 years to us. There are less and less motor-vehicle accident patients but more Coronary Artery Disease or Cerebral Vascular Accidents patients. Besides, there not always full of patients, and everyday there will be only 5-10 patients coming to their hospital. So, having too many staffs for limited number of patients is a big

problem for them to overcome. I believe that they can find a way out of this difficult situation.

Gratitude and Future Perspective

During these five weeks, I learned a lot from the learning schedule that Ms. Matsumoto arranged for me. Everyday was so meaningful and informative. I realize the difference of medical systems between Taiwan and Japan and also bear the spirit and carefulness of Japan medical doctors that they hold toward the patients in mind. The most important thing is I make a lot of good friends in Osaka medical college. Globalization is the future trend, and the country border of medicine is gradually vanishing. This program provides a platform for us to communicate with each other and share the medical knowledge in the near future. I won't forget my five-week stay in Takatsuki: dinner at Izagaya, physiology quiz competition in Totorri and singing songs together at Karaoke. The interaction of both culture and academy make this program so unique and marvelous. I am also encouraged to be surgeon scientist in the future. Sooner or later, I will meet my friends I met in OMC again in the future. I love Osaka Medical College! I love Takatsuki! I love Japan!



Osaka Medical College International Exchange Program

郭柏辰 Kuo Po-Chen

6th year student

National Taiwan University

Date: 2018/04/23~2018/05/25

Introduction

Osaka Medical College (大阪醫科大學, abbreviated as OMC in the followings), one of the most renowned private medical colleges in Japan, is located in Takatsuki-shi (高槻市), Osaka Prefecture, Japan. Takatsuki-shi is a commuter city halfway between Osaka city and Kyoto city. As a result, Osaka Medical College Hospital serves as an important tertiary medical center in between the two major cities in Kansai area (關西地區). The International Exchange Program of Osaka Medical College is a unique exchange program for overseas medical students. Unlike other exchange program where participants are usually fixed in one specific department in hospital for a whole month, during the 5 weeks I spent in Osaka Medical College, I was arranged to rotate in different departments every day. Since we do not speak Japanese fluently enough to communicate with patients, this arrangement was the best way to offer us great opportunities to have a general and comprehensive understanding of how a Japanese hospital works. Besides, the program arranged us many visits to other hospitals or facilities including Osaka University Hospital, National Cerebral and Cardiovascular Center, National Center for Geriatric and Gerontology (there are in total six National level research centers, and we visited two of them), Osaka Heavy Ion Therapy Center, and so forth. These visits opened up my eyes with a great picture of Japanese healthcare system.

The abundant and diverse exposures to different aspects of medicine and Japanese healthcare system in the 5 weeks of International Exchange Program in Osaka Medical College were one of the most precious experience in my study of medicine. In the followings I would try my best to give an overall picture of what I saw and learned by organizing them into different clinical categories, including emergency medicine, oncology, surgery, internal medicine, radiology, research, and Japanese culture.

Emergency Medicine

Before coming to Japan, I have known that Japan is famous for its well-organized system of disaster reduction and emergency medicine. With a lot of earthquakes, typhoons, tsunamis hitting every year, Japan has developed an impressive emergency system to prevent and reduce disasters. I am more than grateful that this time I had the chance to take a deeper look into the



emergency medicine and system in Japan. We visited a series of different facilities in Kansai area, which provided us an extensive and detailed understanding of Japanese emergency medicine system.

Japanese emergency medicine system learned from disasters

The Great Hanshin-Awaji Earthquake Memorial Disaster Reduction and Human Renovation Institution (阪神-淡路大震災記念 人與防災未來中心) in Kobe (神戸) is a great record and demonstration on how Japanese disaster reduction system learned and evolved from the Great Hanshin-Awaji Earthquake in 1995. We learned a lot in the institution though footages and soundscapes. Before the earthquake, there was no unified disaster reduction system in Japan, and rules regarding building were not strict enough that many houses with poor quality were built. After the catastrophic earthquake, Japanese government set up a nation-wide disaster alert and emergency system, which played a pivotal role in subsequent natural disasters such as Tohoku Earthquake (東日本 大震災) in 2011. Also, stricter rules regulating buildings and constructions have been implemented to make all houses in Japan robust against earthquakes of intensity 7.

Emergency systems in Osaka Prefecture After having a big picture of how Japanese emergency medicine has evolved and learned from disasters, we visited Takatsuki-shi Fire Defense Headquarters (高槻市消防 總隊), and Doctor Helicopter system of Trauma & Acute Critical Care Center in Osaka University, to explore the working system nowadays in person. The emergency medical teams are run by fire defense departments in each city, and they are further linked centrally. When a patient needs emergency care and transportation, staffs in the headquarter of the fire defense departments will check the information and resources, and dispatch emergency medical teams accordingly. For example, there were 20,317 emergency transportation cases last year in Takatsuki-shi.

What happened if the patient were found in a rural place and required immediate transportation to advanced facilities able to offer acute care which are usually in cities? That's when Doctor Helicopter system (Helicopter Emergency Medical Services) comes into help. Upon request from fire defense headquarters, emergency doctors and crew will board on the helicopter and fly to patients' place. Resuscitations and acute care can be provided immediately by physicians on scene. The helicopter can reach to remote areas and transfer patients back to hospitals in time. There are currently 51 HEMSs deployed in Japan, which had played an important role during the Great East Japan Earthquake.

Specialized emergency and critical care center

After patients are taken by the emergency medicine teams of either fire

defense department or Doctor Helicopter, they could be transported to emergency departments in hospital, just as what normally happens in Taiwan. However, acute care for these critical patients usually requires clinical knowledge and skills from many specialties, and could be extremely difficult for doctors who are trained in only one specialty. Therefore, around 20 years ago, hospitals specializing in emergency and critical care were promoted, and acute-care doctors who learned from multiple specialties were trained in Japan. Mishima Emergency Critical Care Center (三島救命救急中心) is one of these specialized hospitals and only take critical patients such as trauma, coronary artery diseases, and strokes. Prof. Hitoshi Kobata is the head of Mishima Center. He was trained as neurosurgeon at first, but he chose to excel himself in the field of acute critical care. He set up Mishima center and trained numerous acute care doctors who are able to deal with critical situations. The hospital was uniquely designed for emergency medicine. For example, right after the patients arrived, they would be evaluated in an emergency room capable of doing surgery immediately. Hence, emergency surgeries could be performed as soon as possible. This operation room is the dream of every acute critical care doctors. Prof. Kobata is also an enthusiastic clinical researcher and lecturer, who has conducted many researches in applying technologies including electroencephalogram and ultrasound to improve the quality of acute critical care.

Oncology

Japan is leading advancements in the field of oncology, especially the application of radiation therapy and immunotherapies to cancer treatments. This time, I had the chance to learn more about the practice and ongoing researches of oncology in Japan in person. Leading advancements and facilities in radiation oncology I have taken the elective course of radiation oncology back in National Taiwan University, where I studied about the basic concepts of brachytherapy and intensity modulation radiotherapy. During my stay in OMC, not only did I see these modalities in person, but I learned some new exciting and promising techniques happening in Japan. Prof. Shin-Ichi Miyatake used to be a neurosurgeon, and now he is in charge of the Boron Neutron Capture Therapy Center (BNCT Center). BNCT is a radiation science which emerges as a hopeful tool in treating cancer, by selectively concentrating boron compounds in tumor cells and then subjecting those cells to epi-thermal neutron beam radiation. Since the radiation can be confined only in the tumor tissues, BNCT is said to maximize the elimination of tumor cells while minimizing the death of normal cells, and hence side effects can be well-tolerated. Prof. Miyatake has applied BNCT to treat many cancers, including nasopharyngeal cancer and glioblastoma. His research also demonstrated BNCT together with bevacizumab could prolong the survival of recurrent glioma patients. I am more than excited



to see this technique widely studied and applied.

Dr. 吉田謙 is a devoted radiation oncologist, who specializes in and advances the field of Brachytherapy. Before my visit, I only knew brachytherapy is used to treat cervical and breast cancer. However, Dr. 吉田 has applied brachytherapy to numerous other kinds of tumors including but not limiting to head and neck tumors. I am impressed not just by his dedication into applying brachytherapy to treat patients, but his researches and inventions to improve the devices of brachytherapy.

It was a great visit to Osaka HIMAK Heavy Ion Therapy Center, a new facility specializing and offering the service of heavy ion therapy. With its special characteristics of Bragg peak and limited lateral scattering, heavy ion therapy has its advantages of accurate tumor targeting. Since there is no heavy ion therapy facility in Taiwan for now, I was more than excited to see this treatment modality in person. It was also my great honor to talk with vice-president Prof. 今井達明, radiation physicist Dr. 八木雅史, and chief radiation technician 石居隆義, about how to build a brand new center of advanced medical technologies and nuclear physics.

Specialized outpatient chemotherapy for gastro-intestinal tract cancers

In OMC hospital, there is a special Outpatient Department of Chemotherapy for gastro-intestinal (GI) tract cancer patients. It was my first time to see chemotherapy infusion as an outpatient settings, which is very convenient for patients since they do not have to be admitted to hospital for the routine therapy. Also, in the outpatient chemotherapy department, intra-venous route is utilized instead of port-A catheter for chemo-agent administration, which could be more comfortable for patients.

It was very kind of Prof. 後藤昌弘, Dr. 紀貴之, and Dr. 寺澤哲志 to show us about the application of immunotherapy for GI tract cancers. The immunotherapy agents AntiPD1 anti-PDL1 are now routinely used for esophageal, gastric, and colorectal cancers in Japan. It is great to see promising new agents are used clinically and benefit patients.

Internal Medicine

We met many enthusiastic physicians during our stay in OMC. What they have done and what they were doing left a significant impact on my mind. Their hard work toward better care for patients was admirable and inspiring.

National level geriatric clinical and research center

Japan is famous for its geriatric medicine because of its aging society. With average life expectancy for men exceeding 85 years and women approaching 90, there is a great demand for geriatric medicine. Great advancements have been

made by Japanese gerontology community in this field as a result. This time we were honored to visit National Center for Geriatric and Gerontology in Nagoya, to take a deeper look into how Japan carries out its high level care for the elderly.

Dr. Yoko Maki accompanied us to the National Center for Geriatric and Gerontology. We were introduced to the system of Dr. Longevity (長壽醫), a comprehensive health examination specially designed for the elderly population. In addition to usual health examination, Dr. Longevity focused on the screening of geriatric problems including cognition tests for dementia, bone density tests for osteoporosis, and complete work up for cardiopulmonary functions.

New technologies were incorporated into geriatric medicine. For example, robots were used to accompany the elderly, not just providing them with emotional comfort, but preserving their cognitive function through interaction with them. Also, since diseases of bone and joint are central to the functional decline in elderly patients, special devices measuring muscle power and joint flexibility were designed and used to early detection of these diseases.

It was impressive to see that all the advancements in National Center for Geriatric and Gerontology. But they had more to offer. They had respite care service for family to take a breath in between long terms of caring for the elderly. What special is that once the patient is transferred from clinic, the center will never reject the patient. Mutual trust is the core of a successful respite care system. I saw a great demonstration in the Center.

Cardiovascular medicine

When studying physiology, cardiology and vascular mechanics were my favorite chapters since they were very precise and offer a great model to understand what is going on in the cardiovascular system. I was excited that I had several opportunities to further my know-how of cardiovascular medicine this time.

We were excited to visit the Department of Perinatology in National Cerebral and Cardiovascular Center. Dr. Jun Yoshimatsu, who was an exceptional cardiologist, gave us a lecture about how to evaluate and manage pregnant women with congenital heart diseases. We learned a lot about the physiological adaption of maternal body to pregnancy, and how that would be a burden for women with congenital heart diseases.

We spent a great day with Dr. Ito in Cardiology. After an amazing review about the basics of cardiac cycles and heart murmurs, Dr. Ito introduced cardiac ultrasound to us.



Gastroenterology

We observed many endoscopy procedures during our visit to Gastroenterology. We not only saw routine diagnostic endoscopy, but also endoscopic mucosal resection. It was amazing to see double balloon endoscopy to check bleeders and tumors inside small intestine since it is difficult to reach. What amazed me the most was when we saw capsule endoscopy in person for the first time. I have heard a lot about capsule endoscopy. It was great to see this high-end technology was incorporated into day-to-day clinical practice.

Neuropsychiatry

Since neuroscience has always been my top interests, I was arranged to visit both the department of Neurology and Psychiatry. In the department of Neurology, I joined the rounding led by Prof. Arawaka. I also met a patient with spinal cerebellar ataxia, who was kind enough to speak some Mandarin with me. It was my first time to see a patient with the disease, and we had a good small talk.

In the department of Psychiatry, Dr. 金澤徹文 showed us around the set-up of psychiatry ward. He also gave us a brilliant lecture on the history of psychiatry, where we learned about the historical reason why psychosis was distinguished from neurosis. On top of that, we learned about a new technique called Near-Infrared Spectroscopy (NIRS) to measure the underlying brain signals. They were studying if NIRS could serve as a predicting and diagnosing instruments for psychiatry disorders like schizophrenia or bipolar disorder. We even became the participants of NIRS and got our brain signal recording results.

Important backend of the hospital

During our clerkship rotation in our hospital, we had great exposures to many clinical departments, but we did not have enough chances to know more about some backend units in hospital. In OMC, it was a great experience for us to visit Infusion Center and Infection Control Center.

Prof. 河野武弘 used to be an internist, and now he worked as the chief of infusion center in OMC hospital. Prof. 河野 was the one of the most passionate clinicians I have ever met, and his spirit and devotion to medicine would be my role model. After in charge of the infusion center, he dedicated himself to promote blood donation and design of a safer and more efficient way of delivering blood products. It is always inspiring to know a doctor who is truly enthusiastic and energetic about his own work.

Dr. 中野隆史, Dr. 吳紅, and Dr. 鈴木陽一 showed us around Infection Control Center in OMC hospital. The staffs in the center served as supervisors of infection control and antibiotics usage for the hospital. Every week, they would review all infection cases in hospital to make sure the indication and choice of

antibiotics administration were optimal. For example, they would alert the primary doctors if antibiotics was order without blood drawn for culture. It was valuable to know more about how these two backend units work and help with the system based clinical practice.

Surgery

Before my visit, I had heard from surgery professors in our school that Japanese surgeons have great and delicate surgical techniques, this time I was totally impressed by what I have observed in the operation rooms.

Highly skillful surgeons I

have taken elective courses in surgery in our hospital. When we spent a whole day in the department of General and Gastroenterology Surgery, I was still shocked to see some amazing surgery techniques that I have never saw before. It was my first time to see a 3D image-guided laparoscopic right hemi-colonectomy. Traditionally laparoscopic surgeries are guided with 2D scopes, therefore lacking the information of depth on the screen. With 3D imaging scopes, the surgeons can perform laparoscopic surgeries with more confidence and efficiency, which is crucial to the recovery of patients.

I had observed laparotomy Whipple procedures for many times in our hospital, and had the impression that to do it in laparoscopic way is extremely difficult and timeconsuming. So when I saw laparoscopic pancreatico-duodenectomy in person in OMC, I was totally astonished. The surgeons were very skillful and well-trained with laparoscopic techniques. I observed him performing portal dissection with laparoscopic instruments, which requires exceptionally delicate mastering of skills.

We also spent one day in the department of Neurosurgery, where we observed the endovascular approaches for cerebral aneurysms and arteriovenous shunt. Dr. Kuroiwa was the supervisor of the surgery and it was very nice of him to explain the procedures in detail to us. The 2.5-cm anterior communicating aneurysm was at a difficult location to coil, and the arteriovenous shunt had multiple feeding arteries. Both cases were complicated cases, which require patience and skills. Since I am highly interested in the field of interventional radiology and neurosurgery, these two cases impressed me to a great deal.

Specialized surgery fields

Since we only did one week in some specialized surgery fields during our clerkship rotation, I was excited to visit the departments of Otolaryngology, Ophthalmology, Dentistry and oral surgery, and Orthopedics. These visits were



precious experience for me because if we don't choose these specialties in the future, we will probably not have further exposure to them.

In Otolaryngology, Dr. 乾崇樹 and Dr. 鈴木倫雄 showed us how to use endoscope to perform nasal surgeries. In Ophthalmology, I joined the outpatient clinic of Prof. Ikeda and Dr. Masashi Mimura and Dr. Mai Takagi. I also observed two cataract surgeries. It was amazing to see this delicate work of eye surgery. In Dentistry and Oral Surgery, Dr. Nozomu Fukui gave us a lecture about the systemic complications of periodontal diseases, and showed us the basic procedures of tooth extraction. In Orthopedics, Dr. 藤原 憲太 was a passionate pediatric orthopedician. He taught us about the Graf method for screening of developmental dislocation of hip, which is a more sensitive and accurate to identify the disease and can be helpful for many children. We also joined Dr. Otsuki in his clinic, and he showed us his invention in new bio-compatible reconstruction material for meniscus repair. It was inspiring to see an outstanding surgeon who also dedicated himself into the invention and research.

Radiology and Technology

Japan is famous as manufacturer for medical devices, especially medical imaging systems. This time, we had the chance to learn more from the professor of radiology department and one of the great X-ray manufacturers, Shimazu Company.

Impressive Imaging reporting research

Prof. 鳴海善文 is the head of the department of Radiology. We had a wonderful talk with him about the role of radiology, how to always do the best for patients, and the future of incorporating artificial intelligence into medicine. Aside from being a distinguished radiologist specializing in the field of urinary system, Prof. 鳴海 is also a exceptional clinical researcher. He showed us his latest ambitious research project which has just been published in European Urology . In this paper, he, together with other radiologists, promoted using multi-parametric Magnetic Resonance Imaging for Bladder Cancer, that is, they developed a VI-RADS (Vesical Imaging-Reporting And Data System), just as the BIRADS for breast cancer. I was strongly inspired by the talk with Prof. 鳴海 and his work.

Leading company in medical technology

The visit to Shimazu Company (島津製作所) was one of the most unique course in the program. Located in Kyoto City (京都市), Shimazu Company is famous as a scientific instruments manufacturer. Having made the first medical X-ray

device in Japan in 1909 (just several years after Roentgen discovered X-ray), Shimazu focused on making the best medical and scientific devices to contribute to the society with technology. Nowadays, their products are widely used in the field of medicine, life science, chemistry, food science, environment science, and new energy.

I have always been interested in where technology meets medicine, so it was impressive to see the demonstration of some of the most avant-garde devices they produced. They have developed a light-weight portal X-ray machine which could be used in many clinical settings. To address the problem of mammography, Shimazu devised a PET machine specifically designed to fit the breast tissue and take images if it. This is a brilliant idea to not only avoid the pain of traditional mammography, but improve the quality and sensitivity of imaging modality. We also had the chance to visit their factory producing X-ray machines. Aside from medical devices, some other interesting new technologies were also demonstrated, including NIRS device.

Research

Aside from the many aspects of clinical medicine, we were also arranged to learn about researches in basic medical science. It was inspiring to meet a outstanding scholar and to see an emerging new technique.

Scholar way of an outstanding researcher

Prof. Ono if the chief of the department of Physiology. After graduating from medical school and pursuing another PhD degree, he worked in University of Florida and National Institute of Health in the United States. He is an outstanding researcher focusing on the electrophysiology of neuromuscular system in zebra fish. Prof. Ono gave us a wonderful lecture about his research of testing neuromuscular drug effects on zebra fish. He was friendly and acted in a scholar way. It was amazing to see a medical graduate pursuing a career of basic science and produce such great results. In their lab, they showed us their fish tank where they kept all kinds of experiment fish. I also learned the technique of micro-injection to fertilize the egg of zebra fish.

Prof. Shinya Yamanaka received The 2012 Nobel Prize in Physiology or Medicine for his research in induced pluripotent stem cells. Ever since, the field of reprogramming mature cells back to pluripotent ones was heated up in Japan. This time we visited the iPS (induced pluripotent stem cells) lab in OMC, and CiRA (Center for iPS Cell Research and Application) to learn more about this new technique.

From the department of Pharmacology, Prof. Asahi and Dr. Morihara conducted the iPS experiments in OMC. They have learned the



technique from Prof. Yamanaka back in the University of California, San Francisco. They gave us a great lecture on how to reprogram somatic cells into pluripotent state, and then differentiate them further into the cell types you want. The technique is extremely demanding and time consuming. The process of reprogramming usually takes several months to complete and generate stable pluripotent cells. They shared with us the hardship of carrying out the reprogramming process, and how to apply them in future drug development researches.

Located in Kyoto University, CiRA is directed by Prof. Yamanaka, and is one of the most prosperously growing independent research institute. During the past three years, three new buildings have been constructed to add on to the institute. Dr. Peter Karagiannis introduced us to the center and its ongoing research directions. The application of iPS technique to address clinical diseases is the mainstream in CiRA, where many physicians have joined the group. On the other hand, there are groups of researchers diving into the mechanism of cell growth and differentiation, trying to advance the technique. We took a tour around the institute and discussed about the current lack of advancements in the field of organ engineering, which might be the limitation to truly apply iPS technique.

It was impressive to see so much brain power and research resources being devoted into this new and interesting technique. I am looking forward to the future where application of iPS technique helps with clinical medicine.

Reflection

The five weeks in Osaka Medical College exposed me to the diverse aspects of Japanese healthcare system. For sure it was still not long enough to analyze everything in detail, but it was a great entry point to compare and to learn.

First of all, I was amazed to see many new technologies, new devices, and new treatment modalities being incorporated into clinical practice, which shows promising and beneficial results. For example, new radiation therapy (like BNCT and heavy ion therapy) and immunotherapy are used as routine treatments. New medical devices are also highlighted and developed, either by physicians or by technology companies.

Secondly, I grew interest in Japan health insurance system because the many new treatment modalities I was amazed to see were all covered by Japan health insurance system. I found this unbelievable since new technologies are usually expensive, thus how could a national level health insurance cover all of the cost? I asked many doctors, and they all replied that everything was covered by the health insurance.

Also, I met many enthusiastic doctors. They are devoted to their fields, master

the know-how, and keep advancing and improving what's considered as standard for now. It is inspiring and imperative for choosing my clinical role models. I hope one day I could be a doctor as good as they are.

Aside from the course in school and hospital, I was more than excited that I could get to know about some of the amazing traditional Japanese ceremonies from local Japanese students. We have participated in the student clubs and learned Japanese tea ceremony (茶道), Japanese flower ceremony (Ikebana, 花道), and Japanese martial arts of archery (Kyudo, 弓道). We also took part in the 2018 Physiology Quiz in Japan (PQJ), which was a competition for students all over Japan to compete in physiology knowledge. It was a lot of fun to meet all the new friends from around the country. We learned a lot during our preparation with OMC students. And we were very lucky to win the second place in the competition.

The 5 weeks of International Exchange Program in Osaka Medical College were fun and challenging, inspiring and informative, diverse but coherent. I could never be grateful enough for all that happened and all the people I met. They all played an impactful role in my medical career.

Reflection Essay

Nasiri Sarawanangkoor

4th year student,

Siriraj Hospital, Mahidol University

Date: 2018/04/09~2018/05/02

Being an exchange student in Osaka Medical College (OMC), I have learnt a lot of medical knowledge, experienced the Japanese doctors' life as well as experienced the delicate Japanese culture thoroughly. This one-month program is such a memorable event that I could not find it in anywhere else.

Thinking back to the beginning, the reason why I chose Japan as the destination for my elective program is I would like to see the technology in medical field. Therefore Japan is absolutely the answer as Japan is well-known of being a country of innovation. I did not regret for choosing Japan at all as OMC can provide me the experiences with the technology profoundly.

Firstly, I saw a lot of new technology in the operation rooms. For example, when I was in a gastroenterology department, there was a case which will be treated by laparoscopic surgery. It was not a laparoscopy as I have experienced before, but it was a 3-D laparoscopy. I was allowed to wear the 3-D glasses. I could feel the texture, the depth, and even the feeling of pushing the apparatus into the patient's body. It was so impressive.



Reflection Essay

Jiratchaya Tantiyavarong

4th year student,

Siriraj Hospital, Mahidol University

Date: 2018/04/09~2018/05/02

Secondly, in dentistry and oral surgery, which I have never studied before, the professor kindly gave me a lecture and explained every step to me. It was fascinating to see how we will open the skin to the bone, how the bone is cut, and how we can remodel the face to satisfy what the patient needs. There were a lot of apparatus I have not seen before.

There were much more experiences I gained when I was there but to write it briefly, the last thing about the innovation in Japan that I was impressed is in psychology department. There was a machine for sensing the oxyhemoglobin in the brain to tell doctors if the patient get any psychological problems or not. The pattern of oxyhemoglobin is different in each diseases. I did not only observe the machine, but I was also being a patient. The professor allowed me to do this test. I was so excited and nervous because I was scared if I got depressed or other diseases, but eventually, the result was normal.

OMC gave me a chance to explore the clinical life in nearly all the departments in the hospital. The schedule was different in every day, for example, Monday was pediatrics then Tuesday was neurology. At first, I thought I would be assigned to study in the departments I chose, but when I found out that I could rotate in many departments, I could gain a lot of benefits from this program. I was enthusiast to observe each department every other days. The professors in different field had different experiences so I could gain a lot of new information from them.

Moreover, OMC arranged the activities outside the hospital as well. I went to the national center of cardiovascular and geriatrics in Japan. It was a great experience to see how it work in this big scale. I was so impressed by this Japanese system. I also went to the critical care center. It was established for emergency events only but I thought it was worth to have this center as if anything happened, there would always be someone took care of that event.

The other reason for choosing Japan is because of its beautiful culture. I could learn the Japanese culture from my Japanese friends. OMC held the welcome party for the elective students and from that event, I got to know a lot of Japanese friends. They were so nice and kind. They invited me to go sightseeing and to have dinner together. They taught me what the Japanese do, for instance, the Japanese would say Itadaki mas before having meal. Although I already finished my elective course in Japan, our friendship will be last forever.

Being in another country means stepping out of your comfort zone. You will gain many different experiences and they will shape your life. I found that I did learn and gain a lot of experience from being an elective student in OMC. I could tell the differences between Japanese and Thai medical system. I could apply my knowledge which I got from Japan to help improve my country. It was totally priceless to be an elective student in OMC.

“The secret of success in life is to be ready for your opportunity when it comes.” is the saying I always remind myself and finally the great opportunity came, I was jubilant I was able to grab it!

All most 4 weeks I spent in Osaka Medical College (OMC) made me obviously realized why OMC is one of the most competitive colleges among Siriraj student who wanted to join the elective program aboard. In this elective program I had an opportunity to participate in the different department every day, so that I was able to experience many specialties and get the overview of each department. Moreover I also get the chance to visit many medical centers and medical services in Kansai area which I found very interesting and practical.

On my first day I was rotated in Neuropsychiatry. I was really impressed by the near infrared spectroscopy that I have never seen before in Thailand. It measured the blood hemoglobin levels in different locations of the brain then analyzed the neural functions which can help to diagnose psychological disease such as depression and Bi-polar. The professor did check my brain function using this machine and luckily I am normal!

In the surgery rotation, I had a chance to visit the dentistry and oral surgery department which I wouldn't have a chance to rotate in my medical program in Thailand. Professor Ueno was so kind to give me lecture and made me noticed the importance of oral care before surgery or before doing other invasive procedures to prevent consequence complications such as osteonecrosis. I also went to the operation room to observe the oral surgery. First I was impressed by the modern and nice operation rooms; they were just like medical series I have watched. It was so impressive to see the operation in the small area as the surgeons have to be very delicate but also determined as it was always said that the surgeon should have the qualifications of “Lady Hands, Lion heart and Eagle eyes”. Moreover, I have been rotated in Gastroenterological surgery, Otorhinolaryngology head and neck surgery. I saw many operations for example hepatic lobectomy, breast conserving surgery, pancreatocoduocectomy that use 3D glasses technology in the operation, I have once saw the 3-D operation in my university and it was still very excited to see it again in OMC.

The internal medicine rotation I have been rotated in Gastroenterology, Cardiology, Endocrinology and Diabetology. I get abundant of knowledge from



ward round, participated in the outpatient clinic and also observed the procedures that helped in the diagnosis such as Endoscopic ultrasound, colonoscopy and endoscopy in Gastroenterology rotation. In outpatient clinic I discovered how the doctors asked patient disease history and how they performed physical examinations which I found very gentle and gracious. Many doctors I met in OMC became my role model of having a good doctor patient relationship. In cardiology rotation I was impressed by the useful cardiac patient stimulator which displayed many cardiac sounds and murmurs, we can use our own stethoscopes to listen to the heart murmurs which are quite difficult for me as I need more practice, even though Dr. Ito was very kind and helpful, he taught us physiology of the Cardiovascular system, electrocardiogram, and cardiac anomalies. Endocrinology and Diabetology was really complacent as it was one of my favorite minor fields of internal medicine since my preclinical year. I met Professor Onishi in the outpatient clinic. He was Japan famous expert in Diabetic Mellitus type 1 and he was also really gentle. He explained the history of patients, the diagnosis and the treatments for the patients to me very clearly which made me truly understand and fulfill my curiosity. At last I participated in Thyroidal Ultrasound clinic, the doctors taught me how to use ultrasound to check the thyroid and in the end they offered to check my thyroid. First I was anxious of having some disease, but again, luckily it was normal!

In Dermatology department, Professor and his residents were very kind and helpful; they try to explain skin lesions and diseases to me with the English text book and let me see the microscope of KOH testing from the skin scraping of M. furfur. In the afternoon I had a chance to attend to conference which was all in Japanese. At first I thought I wouldn't be able to understand what the doctors were saying, but actually the Professor who was sitting beside me explained everything for me clearly in English, I was really thankful. In the end I got a moisturizer skin care back as a gift. That was lovely!

In rehabilitation department, I met Professor Saura and Dr. Nakano. Professor Saura gave us a lecture about prostheses and orthoses in rehabilitation medicine. I also had a chance to be a subject of the leg plaster orthoses and in the end I got my own leg plaster orthoses as a gift back to Thailand. It was a great experience! Then Dr. Nakano gave us another lecture about using Electromyogram to help in the diagnosis of patients. Those things were all new and fascinating to me which made me feel more enthusiastic to study in Rehabilitation rotation when I become 5th year student in Thailand. After that we follow Dr. Nakano to ward round, most of the cases are dysphagia patients caused by stroke, Dr. Nakano and his team always explained the cases history and some important details to us I had a really great and educated time in this department.

Besides the rotation in OMC hospital, I had a great opportunity to visit many other medical centers and services in Osaka, Kyoto and even Nagoya. First is the Kyoto Kagaku company which manufactured a lot of products in the medical practice field including patient simulators, organ models and phantoms which were really useful for medical students and nursing students since they help the students to gained experiences until they had enough ability to do those procedures to the real patients. I think that to practice with these things can increased plenty of medical skills for example the phantoms of human body for practicing ultrasound or the K2 patient stimulator that mimic the patient with heart diseases and arrhythmias. I wish I could have this kind of phantoms and stimulations in Thailand someday.

Next is the National Center of Geriatrics and Gerontology which located in Nagoya city. I had to take Shinkansen train there. As this was my first time to ride this high speed train, I was extremely excited! It was known that Japan has a huge number of elderly and the highest life span in the world so I was curious how they managed and controlled the geriatric diseases and I had found the answer when I visited this center. The center has a good system that provides medical services specialize for the elderly since the effective screening system, the holistic treatment and an intensive rehabilitation!

Another big center we visited was the National Cerebral and Cardiovascular Center in Suita-city, Osaka. Dr. Yoshimatsu showed us around the hospital. We saw cases of congenital heart disease and learnt the normal cardiovascular physiology of the pregnant woman compared to the pregnant woman with heart disease. In the afternoon we attended the sonography conference for the fetus with cardiac anomalies. I gained a lot of knowledge beyond my expectations!

And the last place we were arranged to visit was very special, called "Disaster Reduction and Human Renovation Institute" located in Kobe. It was my pleased that we had a masterful and generous museum guide that explained everything for us in English. I learnt a lot about how Kobe was impacted by the great earthquakes and how the people united and rebuilt Kobe until this city became beautiful and attractive again.

We had a great opportunity to visit Mishima Critical Care Center. I learnt about emergency system in Japan and I was impressed by the system since it was fast and well-organized! I observed many cases in the intensive care unit and saw some emergency cases for example the patient who immediately needed the intubation then we also observed the ambulance car which was so remarkable! All the important medical equipment was install in the ambulance car even the movable ultrasound!



Moreover we had a chance to go to the trauma and acute care center in Osaka University. I was so excited because I have heard that this is the place where I got to see the real “Doctor-Heli” just exactly the same as the Japanese medical drama “Code Blue” The professor also taught us when and how did the Helicopter be used and the steps to manage the situation that needed the cooperation with the fire defense headquarters! Thanks to the Nakayama center, we were able to visit the fire headquarters in Takatsuki city. It was a privilege opportunity as it was not easy to visit the fire headquarters and see how they work, not even in my own country. I did observe many remarkable and high security systems, no doubt why they can manage the situation perfectly!

In the pre-clinical rotation, we had a chance to be in pharmacology and physiology department. In pharmacology we studied about “Induced pluripotent stem cells” and the application to the regenerative medicine, and then we went to the laboratory to see how they separated and selected the cardiomyocytes. In the lab, Dr. Morihara let me select the cardiomyocytes by myself, it seemed to be an easy procedure, but actually it was hard, but also fun! I had a great experience. In Physiology department I met Professor. Ono who once worked as a chief in NIH. His research was about the neural functions using Zebrafish as the subject, so we saw many mutants Zebrafish in the lab. This was so interesting!

Besides substantial medical knowledge I gained from this elective course in OMC, I also had a chance to participate in many activities with the OMC students. First is the flower arrangement activity. It was my first time to cut and decorated flowers into a vase. It was so graceful seeing that it showed the good qualification of a virtuous woman. Another activity is the tea ceremony. I learnt how true Japanese matcha was made and the proper way of drinking. I love the process of the ceremony as it was very unique and lovely. I should confess that I had already fallen in love with Japanese culture!

One of the most memorable things I get from this elective program is the good friendships from OMC student; they were so kind, friendly and easy going which made me feel very comfortable to talk and hang out with them. Whenever I got problems, they were willing to help even though they were busy. I would never forget the trip we went to Kyoto and Osaka together. It was so enjoyable, they took me to the place I have never known and for sure, I wouldn’t have a chance to go if I were roaming on my own. They explained some interesting information of the sightseeing place as if they were our guide! I couldn’t thank you enough! I’m sure that our friendship will last forever as we promised to keep in touch. I always welcomed the OMC students who have a

chance to visit Thailand and willing to take care and be their sightseeing guide!

And last but not least, I would like to express my gratitude to Siriraj hospital, Mahidol University and Nakayama center, Osaka Medical College that gave this precious opportunity. Thank you for taking a good care of us and for arranging the perfect and interesting schedule beyond my expectation! I would say that to be an exchange student in Osaka Medical College is one of the most memorable experienced I had in my life. I commit that I will apply knowledge I have gained in this elective program to my studying in Thailand and also my future career as a doctor. I always remember the last sentence Ms. Matsumoto said to me “I hope you become a good doctor” and I would like to answered her again “I will, I really will”. Thank you very much for everything.

Osaka Medical College Reflection Essay

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University of Hawaii

Date: 2018/06/25~2018/07/06

During the summer of 2018, I spent two weeks studying abroad at the Osaka Medical College (OMC). I had been to Japan twice before, but only for sightseeing, so I was thrilled to have the opportunity to experience the professional side of life in Japan. Before starting medical school, I shadowed an OB/GYN in Hawaii who was fluent in Japanese and often saw patients from Japan either living in Hawaii or in need of obstetric care while visiting. Because of this, I had heard a bit about the differences in medical practice between the US and Japan, and I was eager to see the differences firsthand.

Before I went to Japan, I was put in contact with some of the staff from the Nakayama International Center for Medical Cooperation. Ms. Kimiko Matsumoto was in touch to get some information about me as well as ask about what specialties I was interested in seeing during my time at OMC. By gathering some personal information beforehand, Ms. Matsumoto was able to provide all of the physicians I would spend time with a basic bio about me. This proved to be extremely helpful in breaking the ice, but also in helping the physicians show me and teach me things relevant to my interests. I was provided with a schedule outlining which specialty I would be with each day, as well as my tentative start and end times for each day.



Once I arrived at OMC, I truly felt integrated into the medical education program. All of the physicians and staff at OMC were warm, welcoming, and excited to teach me as much as possible. I have a basic knowledge of Japanese and was worried that it wouldn't be enough to learn as much as I wanted while at OMC, but I was constantly surprised by how eloquently the physicians were able to explain their fields and patients to me by meeting me in the middle with a combination of Japanese and medical English. Thanks to OMC, I was also able to visit the Mishima Critical Care Center, which treated patients from the record-breaking earthquake that hit Osaka just a week before I arrived, and the National Cerebral and Cardiovascular Center, which is the only national center in Japan dedicated to the treatment of cerebral and cardiovascular disease. I got an inside look into Japan's Doctor Helicopter system as well as the emerging field of boron neutron capture therapy. I am extremely impressed with and forever grateful for how much new clinical knowledge I came away from my time at OMC with.

I am particularly interested in Obstetrics and Gynecology, and was very excited to have a day shadowing Dr. Konishi and other physicians involved with gynecological care at OMC. I spent the day in the operating room and was able to observe a variety of surgeries from a laparoscopic hysterectomy to a mastectomy with sentinel lymph node biopsy. The whole time I was in the OR, all of the physicians, nurses, and medical students made sure I understood what they were doing, why they were doing it, and answered all of the questions I had about the preferred treatment modalities, possible complications, and outcomes. Although I thoroughly enjoyed every day of my time at OMC, this is one of the days that I found particularly memorable.

Outside of the academic learning opportunities at OMC, I am also extremely grateful for the social interactions I had with the OMC students. A large group of the OMC medical students welcomed me to their school and went above and beyond to get to know me and the other students from Hawaii I came to Japan with. The International Communication Club, consisting of medical and nursing students from OMC, went above and beyond to show me facets of Japan that I would have never seen without a local to guide me. The students were eager to practice their English with me and patiently corrected my rusty Japanese as I tried to practice with them. From weekend sightseeing trips, to helping me hunt down matcha warabimochi, to a 3 AM viewing party of Japan playing in the World Cup, the amount of time the students at OMC took to get to know me and make my time at OMC enjoyable was extremely moving and made my time in Japan so much richer. I am immensely grateful for the partnership that JABSOM has with OMC and feel so lucky that I was able to benefit from the partnership in such a memorable way.

My time at OMC was beyond anything that I could have asked for. I got to spend a day with a wide variety of specialties at OMC, see some of the top-notch specialty facilities in Japan, and meet some of the nicest medical professionals. I cannot express my gratitude for the Nakayama Center staff, the physicians, nurses, and patients at OMC, and the students attending OMC. I came away from this program with an appreciation of the differences between Japanese and American medical care as well as medical education and I know that my time at Osaka Medical College has impacted how I will practice medicine in the future. If given the opportunity, I would go back in a heartbeat! Thank you Nakayama Center and Osaka Medical College!

Osaka Medical College Reflection

Eden Koo

1st year student

John A. Burns School of Medicine

University of Hawaii

Date: 2018/06/25~2018/07/06

In June, I had the pleasure of travelling to Osaka, Japan in order to participate in an educational and cultural exchange program with Osaka Medical College. Throughout the 22 years of my short life, I've tried my best to immerse myself in "areas of discomfort"?situations that on paper, I might not be the most familiar with, but can broaden my horizons in terms of understanding the difference in the world around me. If I could sum up my two weeks in Japan with one word, discomfort would be the most suitable. Not discomfort in any negative or regrettable sense, but in describing the unfamiliarity that allowed me to grow and learn from a different environment.

From my very first moments in Takatsuki, I was overwhelmed by the unfamiliarity around me?the cash-based currency, the language, the struggle to communicate simple questions, the complexity of the train system. My fears of a difficult experience were dispelled, however, once I was exposed to the kindness and generosity of our hosts at OMC. On our very first day, Miss Matsumoto kindly went out of her way to meet us at our hotel lobby in order to escort us to campus safely. Every interaction we had from that point on was filled with respect, hospitality, and patience.

Perhaps the most striking takeaway from my experience was how well the Japanese attendings, residents, and nurses treated us. Whereas in the United States, many physicians may not be well-receptive to pre-meds or medical



students who are shadowing them in their practice, I can definitively say that the Japanese doctors treated us as well as their equals. We were afforded a generous amount of access to their work day. Every physician was patient in answering our questions and went out of their way to explain (and occasionally translate) the cases that we were observing. Even smaller details, such as being offered chairs in the surgical operating room are things that have left a large impression on me. The Japanese are known for their unique emphasis on respect and humility-important traits for me to learn as an aspiring physician.

The curriculum itself was structured so that we would spend one day shadowing and rotating through various departments within the Osaka Medical College hospital system. For example we rotated through the Mishima Critical Care Center, in-patient/out-patient wards within Internal Medicine, Physiology, Cardiology, Gastroenterology, Surgery, and many more. We were even allowed to tour the rooftop of Osaka University's helicopter flight pad, which was a truly unique experience. Such an intense exposure over only 2 weeks is invaluable in such an early stage of my professional development.

I also truly appreciated the reception to our arrival. On the very first day, the medical students at the OMC international club prepared a small dinner party to welcome us to their university. Although icebreakers and introductory small talk (with a language barrier, no less) were initially situations of discomfort, those feelings were quelled by the students' continuous demonstration of hospitality and friendship. We were all quickly acquainted through after-school dinners in Takatsuki and Namba, as well as a day-long sightseeing trip in Kyoto that was prepared by the OMC students. Although the two weeks seemingly went by so quickly, I had a great time meeting some extremely pleasant folks and hope to stay connected to them beyond this past trip.

Japan Reflection

Rui Morimoto

1st year student

John A. Burns School of Medicine

University of Hawaii

Date: 2018/06/25~2018/07/06

I learned so much during my time at Osaka Medical College- from Japanese medical education, insurance system, healthcare in Japan, to outlook on the aging society. We were able to learn about a different specialty everyday, so we were able to learn about a wide variety of things in a short amount of time. However, the thing that I enjoyed the most was the friendships I was able to form with the medical students, physicians and staff members of OMC.

I was nervous entering the program, however, the students and staff were so inviting and excited to meet and talk with us that my anxiety was soon relieved. We not only discussed differences in healthcare and medical education between our two countries, but also about life outside of school. They guided us on tours of Kyoto, Dotombori, and even took us to restaurants, shopping malls, and onsen. They were so friendly, and I hope to keep in touch with them in the future.

Furthermore, I am so thankful for the physicians who treated us with nothing but kindness and respect. They educated us with much care and detail, and always made sure that we were comfortable and enjoying ourselves. It was the first time that I felt genuinely welcomed to enter operation rooms as a student. The surgeons and other physicians would even check up on us during the surgeries to explain the procedures and relevant anatomy to make sure that we were getting the most out of our time at OMC.

As a Japanese speaker, I feel that I was able to further benefit from this program because I could refine my translating abilities in a medical setting. I believe that this experience will help me to treat and build rapport with Japanese speaking patients in Hawaii.

I feel truly lucky to have been able to participate in this cultural exchange program. Thank you very much for everything you prepared for us.



Osaka Medical College Experience

Chase Warashina

1st year student

John A. Burns School of Medicine

University of Hawaii

Date: 2018/06/25~2018/07/06

The Pacific Basin Experience in Japan is an excellent immersion opportunity for medical students to learn about medical practice in Japan. Osaka Medical College (OMC) excelled at providing shadowing opportunities from a diversity of specialties.

Our JABSOM students were able visit multiple hospitals in the Osaka area, including the national center for obstetrics and the Osaka-Mishima Emergency Critical Care Center. There and at the home campus of OMC, opportunities afforded us the chance to see a broad spectrum of specialties and converse with many practicing physicians, residents, and students. We learned and conversed over the differences/similarities between Japanese and American medicine and how these points shaped our respective views of physician life to overall social impact.

Further, the program is partnered with the Nakayama International Center and its respective student interest group whose members provide a welcoming environment to international students hailing from a variety of countries including Korea and Thailand. The interest groups members generously took us on a day trip to Kyoto where they provided a guided tour of local sightseeing spots and an excellent meal.

In hindsight, communication was significantly improved by an understanding of Japanese. Conversing with Japanese medical staff was not impossible or a detriment to the program however, communicating in Japanese did afford new opportunities and teaching topics that might have been more difficult otherwise.

Briefly, the Pacific Basin Experience this year was an incredible learning opportunity that I would highly recommend to all students entering MD5. The numerous opportunities for learning are ones I will take with me as I seek to improve my abilities as a physician and support the health of my community in primary care.

Osaka Medical College Essay

Baek Seung Chul

6th year student

Seoul National University

Date: 2018/07/02~2018/07/27

This year is my last year in university. Next year I will be a doctor. Many doctors in my school said that "Medical student's schedule is harsh, but Doctor's schedule is much more harsher." I was always sad when I heard that. I kept thinking how to make my last year beautiful. I have never studied abroad, so I decided to take opportunity to study abroad. I thought it can make my last year beautiful.

I was happy when I travelled Japan before, so I decided to go to Japan. Especially my seniors who visited Osaka Medical College said that people in Osaka medical college and Nakayama international center are very kind and Schedule in OMC is systemically good. So I selected OMC for my elective course.

As they said, Now I can also say that OMC Doctors are very kind and my schedule was good systematically. I could experience Japanese medical system which was patient-friendly and effective.

I want to be a orthopedic surgeon. So I was looking forward to visit orthopedic surgery department. When I visited orthopedic surgery department, I was amazed. In my country, orthopedic surgery department is represented by the word "Macho". The operation room is filled with shouts and anger from the professor to junior doctors. So all the doctors and nurses are very strict. I think a little anger and direction is necessary for efficiency. But In OMC, There was no shouts and only friendly doctors, even though the system was truly effective. All the Doctors, nurses, and medical staffs were doing their job well. At that time I told the doctors and professors that I'm interested in orthopedics. From that, all doctors started to explain deeply about all the things they do. It was good to hear for my study. I appreciate OMC orthopedics department that I could join the surgery in a very close distance.

Patient-oriented medical system is very impressive. Many departments can cooperative for only one patient. When I visited Chemotherapy department, I heard about the stage IV cancer patient's case which was very challenging. Another day when I visited enterology, I heard about the same case from different focus. I could compare two different focus from two department. And optical treatment plan is decided by combination of many professor's opinion



and also patient's preference. This hospital's system is good. Not only one professor visiting the Patient but many professor visited the patient and heard to their words. Basic science departments like pharmacology, Physiology were also interesting. Before I visit, I know about the strong research power of Japan. I could see that power in my eyes. There were many researchers who seemed to enjoy their jobs. And Level of experiment device was almost same as my university.

I think, it's important to invest money for basic science. Japan and OMC seemed to understand the significance of it. I want to be a clinician, not researcher. But It was touching to see researcher's attitude about their job and equipment of laboratory. Thanks to nakayama center for giving me a chance to visit two other national center and other two hospital's emergency department. Visiting two other hospital's emergency departments was very interesting experience. It was good for me to understand Japan's emergency medicine system. Transferring system was well established especially in emergency department. I could see the doctor helicopter and DMAT system in Osaka university hospital and I could also see the transfer system and Japanese emergency room and DMAT system in Mishima critical care center. I was amazed about the high-level system.

Koreans are getting older and older. I am also interested in geriatric medicine. Treating elderly people is complicating process. Japan is super-aged society. OMC's all departments knows how to treat elderly people well. It was just great for my studying. And I could visit the national center of geriatrics and gerontology. I could see equipment to rehabilitation, dementia-specialized ward and all thing for Quality of life of elderly people. It was good experience and I want to establish that system for elderly in our country. Thanks nakayama center for arranging schedule with other hospital.

I think that Japan's medical system is clinically in a very high level. And I also think that japan is very high level in a basic science. All people I met at OMC was working hard to their job. They look like that they must have a vocation for their work. That hard-working is power for Japan's medical system can improve always. I was very happy at the OMC. There are many many kind people. All the doctors, and teachers in nakayama center, and all student I met in OMC are very kind. Even outside the OMC, all Japanese people are so kind. I'm touched.

And I was satisfied with my apartment room , especially its location. I could tour Osaka and Kyoto very conveniently. Also there were no foreigner in Takatsuki so I experienced life which is almost same with the daily life of

Japanese people and I could learn daily life Japanese. And I can enjoy delicious food in Japan. Usage of OMC's cafeteria is also interesting experience.

My experience in japan will motivate me to study hard. I sincerely want to re-visit OMC. Thanks to all the staff and students who left lasting memory.

Osaka Medical College Reflection Essay

Kim Do Won

6th year student

Seoul National University

Date: 2018/07/02~2018/07/27

Osaka Medical College provided meaningful experiences for me and I cannot forget these experiences forever. I learned the Japanese medical culture and atmosphere of Japanese hospital as well as I learned what I want to be. In fact, I was worried about that I heard OMC elective course schedule is busy and demanding. But, it was not. All doctors and students welcomed me and taught very well with kindness. It was very educative for me and impressive.

In the OMC, I want to learn about the Japanese medical systems for geriatric medicine. Korean population also gets older and older, and we have to deal with and solve this problem. So, I want to learn how the Japanese hospital is dealing with super-aged society and also want to see directly.

OMC program was very special. Instead of staying only one department, we rotated a different department every day. And it was perfect for my goal. Also, it was great that I can make foreign friends. Students of Hawaii, Taiwan, OMC were very kind and good people and I experienced funny and wonderful experiences with them. Finally, we went to Japanese national centers including National Center for Geriatrics and Gerontology, Cerebral and Cardiovascular center and Mishima Emergency Critical Care Center. It was a good opportunity not only to watch how Japan deals with super-aged society but to watch best care for the patients.

I was very impressed that the Japanese medical system is very equipped for elderly people. The national insurance systems are well equipped for super-aged society and also hospital and national center has good programs for elderly people. I was very delighted to learn about the Japanese medical system and medical culture. Even though these good systems, the problem of Japanese medical field remains. And the doctors explained their own opinions



to solve these problems, it was good chance to think about the future of Korean medical society.

I was surprised that how friendly the doctors and medical students are. In Korean medical field, there is a kind of the relationship between subordinates and superiors and the atmosphere of hospital is very strict and hard. Because the doctor's job is to deal with the life of human, maybe it is natural that the atmosphere of hospital is cold and strict. But, Japanese hospital was not. They were very friendly each other, even between the senior doctor and medical students. I felt very warm atmosphere and I was very envious for that.

Although my goal was to learn about Japanese Geriatric medicine and health care system, I was so impressed by the outpatient clinic of pediatric orthopedics. The doctor was very kind and also he knows how to handle the children. He draws an Anpanman and other cartoon characters very well and can soothe a crying baby. Most of all, he knows how to persuade and encourage the parents of children. I'm so impressed about that. After finished that day schedule, I went back home and I wrote a note for that day's experience. Because I didn't want to forget that precious experiences.

The elective course of Osaka Medical College was one of the best choice that I've chosen in my life. I learned and experienced not only what I want to be but also what I have to do. It was good opportunity for thinking the way forward of Korean medical systems and the way forward of my doctor's life. I cannot forget this wonderful, dream-like experiences and I bet after I become a doctor, I will visit Osaka Medical College again. Thank you OMC.

Osaka Medical College

HO, I-Ting (Tina)

2nd year nursing student

Taipei Medical University

Date: 2018/07/17~2018/07/27

I am very honored to participate in this international internship course. This will make me walk out of the familiar environment and experience different culture and education. I feel that it is a better experience than to get the

knowledge from books and the Internet. For example, I can really learn what kind of medical care is currently planned in Japan and understand what Taiwan's medical system lack. Besides, we can also exchange ideas and opinions with local teachers and students. I will learn more valuable professional knowledge and skills about nursing and foster the ability of independence, language ability, social skill and broaden my international horizons.

The two courses that impressed me the most were Midwifery education system and Health promotion activities in Japan. The equipment in class is very new and realistic about Midwifery education course. In addition to models of pregnant women and babies in the classroom, there are also background music about baby crying, mother screaming and medical staff encouraging pregnant woman to increase the sense of presence. First, teacher show us the delivery process in Japan. Then we experienced baby delivery process. This practical course let me learns how to support mothers, how to deliver babies, cut umbilical cords, and judge integrity of placenta, etc. This will give me more confidence to train in obstetric in the future. While taking about courses of Health promotion activities, the most impressive thing is the healthy dance with grandparents. Every grandparent looks young and healthy. In population aging circumstances, I feel that establishing health promotion club is a good idea. It not only keeps the elderly healthy, happy and young but also makes the elderly not feel bored after retirement. Joining health promotion club can make many friends and improve the quality of life.

Finally, I am honored that I have this opportunity to join two-week international Internship course. I am deeply touched by the warm and hospitality teachers and students who showed us in Osaka Medical College. With the help of every teachers and students, we can complete the course successfully. Osaka Medical College always brings me the latest and most complete knowledge and skill about nursing care. For example, nursing care, medical safety, midwifery education, home nursing care, etc. In addition, when we visit long term care facility and OMC hospital every medical staff and caregiver always treats patients with a smile and give them love and patience. They are the role models I need to learn in the future. I think study in Osaka Medical College was the most wonderful period of my life.



Experience sharing

YOU, Yuan-Bang (Benson)

2nd year nursing student

Taipei Medical University

Date: 2018/07/17~2018/07/27

I am very grateful to OMC for preparing such a great program and visiting arrangements in the past two weeks (07.17.18-07.27.18). I have learned a lot about Japan's clinical nursing work, such as knowledge and skills, and I have also gained knowledge about many Japanese government policies driven by the trend of aging society. Through visiting institutions and facilities, I can also observe the actual operation of the society in person. Therefore, I enjoy this wonderful two-week program in OMC very much.

Certainly, the overall policy and support making from the Japanese government for ageing community made me impressed deeply. Providing a variety kind of services, no matter it is cancer, dementia, or serious illnesses, there are abundant corresponding support services. It is not only taking care of the patient itself, but also taking care of their life and family.

On the other hand, what the medical team focus on is not only physical diseases but the mental health support of patients and caregivers. They try to provide an overall support system, such as nursing home counseling clinic and home care visiting service. All measures are encouraged by the government to treat in the house.

This made me understand that Japan is actively promoting the complete health care services of local communities.

In addition to treating patients, it will minimally affect the patient's original life. I think it is an important direction for future medical development. Indeed, I have to say thank you to NAKAYAMA CENTER and the students of INTERNATIONAL STUDENT CLUB. Your students are very enthusiastic to take us on a weekend trip to Osaka Castle. They also lead us to take a scenic boat ride on the river, told us about the history of Osaka, and prepared a rich lunch for us. I will remember their hospitality. When your students come to Taiwan, I will be willing to help them to have a nice experience, like what your students did to us.

Finally, I would like to thank OMC for hosting our free lunch and preparing us for a cold drink in such hot weather.

Entrusting the teacher to take us to a distant institution to visit and pay for transportation expenses. All activities are arranged with a teacher to accompany us and translate for us. It make it easier for us to understand and ask questions. Thanks again to the teacher, Haruka.

I would also like to thank the staff of the hospital for giving us a guided tour of your hospital, attending our final presentation, and sharing the farewell party with us. I sincerely appreciate all your arrangement and assistant for us.

**July 17th-27th, 2018 Summer study program
at Osaka Medical College**

CHIEN, Yu-Ju (Ruby)

3rd year nursing student

Taipei Medical University

Date: 2018/07/17~2018/07/27

It is a very great experience for me in Japan. I was very happy to have this chance to go to Osaka Medical College to learn a lot of thing about nursing. I learn a lot of different thing between Taiwan and Japan. For example, the most impressively thing I learned is the "midwife" system. Since in Taiwan, who help the pregnant women to give birth to baby is the doctor, so it is a very new thing for me to now that in Japan, this kind of job is the nursing do. And the other impressive thing I saw is that in Japan's hospital or the facility, there is rare saw the foreigners. Because in Taiwan there are so many foreigners to do the caregiver jobs, so this is very surprise for me to know that Japan is use Japanese mostly to take care of their patients, though they say that their population are getting less and less, so maybe they will let the foreigners to come to help them now.

Beside the great class Osaka Medical College provide to us, I also very appreciate the teachers here. They are very kind to us and I think this is very great for us to have a translator. Since all of us do not know the Japanese very well, so we must use the English to contact with the teachers, and that is very kind for us to have the English translator teacher to help us. So I feel very appreciated about this.

The last thing I want to talk is the students in Osaka Medical College. They are so kind for us, too. They take us to have a sightseeing in Osaka and this is a great experience for me, since they are so kind an friendly. And at the end of our program, they also prepare a party for us. So I think this summer study in OMC is most be a great experience for me in my life. So thank you very much to all members in OMC.



Feedback about study program of OMC

HUANG, Yi-Chien
3rd year Nursing student
Taipei Medical University
Date: 2018/07/17~2018/07/27

At first, I want to say thanks to everyone who help us finish this program successfully. Thanks every teacher and student in Osaka Medical College for taking care of us like their friends. It's my honored to participate the study program in Osaka Medical College. Although this program only has two weeks. Each teacher prepare class and take us to visit facility very serious and completely. Even though not everyone good at English but they still kind to us.

About our school life, it's a new experience to us. We didn't use English or Japanese before. We only have English book and course materials but teachers speak Chinese.

During this program we got many information about what will nurses do for patient during hospitalization. Because of patient's family trust nurses will take care well of patients so families don't usually stay in the hospital. Even nurses during working time need do many things such as give drugs to every patient, help patient take bathe, etc. They still maintain enthusiasm and sufferance let everyone feel more comfortable although they are sickness.

Because not everything can learn in the classroom. So we have many chance to visit facility during the program. I am impressed in "ますます元氣會". It's not establish by government but only by ten friends with same idea. At first, it's just a ten people club. Now, there may be one hundred people will participant them everyday. They will gather together by themselves to do exercise every morning. It's very surprised to me. This is my first time heard that a group can grow up only by word of mouth. Because in Taiwan the community will held such as activity, but there is up to twenty people will participate so I think this group is very important and influence to Takatsuki city's elderly.

Except school life, daily life is also a special experience to us too. It's my first time live in abroad in such a long time without my parents. At first, it's a little scared but curious. It's very different from Taiwan when I live in Taipei but my hometown is Hsinchu during class. Because I can't speak Japanese fluently so that I can't have communication with each other successfully.

Because of these days, I know the importance about body language. It may help you express what you can't speak in local language. And in the no class time we will go to supermarket to buy something what can cook by ourself. It lead us close to the local people daily life.

In the weekend OMC's student also take us to travel Osaka castle and Osaka history museum. The weather is very hot that day, but they didn't say anything about they are tired or annoying. It's very appreciate take us visit Osaka city one day.

It's an impressive experience that study in Japan. We learn many things from lecture and deeply understand what they do in the hospital, care center etc. There are many difference between Taiwan but both of them are very hard. Regardless of be a patient or families we all need grateful to them. Thanks OMC give me a chance to understand Japan's hospital culture.

Osaka Medical College

LIN, Chia-Ling
3rd year Nursing student
Taipei Medical University
Date: 2018/07/17~2018/07/27

Thank you for Osaka Medical University giving us the precious chance, letting us come to here and learn so much knowledge about Japan. Between two weeks, I understood about old people's insurance and other service. We visited the OMC Hospital to learn how the Japanese healthcare environment works and how nurses interact with their patients. Learning about the differences between Japan and Taiwan.

The most interesting experience was to use the models to imitate a woman in childbirth with a complete production process. I have already been practice in maternity department in Taiwan. I think this imitation experience was so real that was similar to the true process about production.

And we visited the patient's home, understanding how the home care system work. We saw the home nurses, PT, OT and other helpers working together and help the patient improve their quality of life. These services make them more convenient and more comfortable, reducing the burden on family members and increasing the rest time of family members.

Everyone in OMC was very kind and friendly, I think that I was very lucky taking part in this program with Osaka medical college.



What I learned from OMC

LEE, Jui-Shan
3rd year Nursing student
Taipei Medical University
Date: 2018/07/17~2018/07/27

Program Feedback

TAI, Wei-Ying
3rd year Nursing student
Taipei Medical University
Date: 2018/07/17~2018/07/27

After taking the courses in Osaka Medical College, I have gained some knowledge. First, their nationality really impressed me. Due to their nationality, the Japanese are usually more thoughtful about others. Take the escape path for example, they design a path especially for patients who may have some difficulties to move; or the furniture in the kinder garden, because of their well thought of the children, the height of the locks, the design of the non-slip sheet, not only prevent the children from danger, but also make parent take it easy and perform better in their jobs. Second, the way they describe the idea. Well know of their comic industry, I have seen their manuals for cancer knowledge using comic story to convey intelligence. It makes every age groups may not get the whole knowledge, but make them at least have an idea, having something is always better than nothing. Third, the complete treatment. The number of people who have mental problems in Japan is around 344k, it is really a huge number. The most of them are Alzheimer's disease and addicting to alcohol. I have seldom heard the therapy of such diseases is to try let them back to normal lives in Taiwan. Once we have relatives get in such situation, the first thought of us might be to hire a nurse or isolating them to avoid any possible troubles. But it is only to cure the symptoms, not the disease. I think it is also because of the nationality, they don't want to trouble anyone else, it makes them want to bring the patients back to normal, or at least, no need to bother others.

Thanks to the courses in Osaka Medical College, I have a different thinking way of delivering medical knowledge. I think the most difficult part of Taiwan basic medical knowledge delivering is that the knowledge owners take everything as granted so that they don't know how to make normal people to have the idea of new sanitation information. I believe that if we can think more of others and spend time on developing new propagating strategy or collaborating with currently existing way, like soap drama or idols, there must will be a better health situation in Taiwan.

Introduction of nursing education

This was my first time going to Osaka Medical College. The teacher introduced us to the recent nursing education and school introduction in Japan. The problems in Japan are similar to those in Taiwan. Because of more and more elderly people, and more and more elderly people with dementia, we are facing a shortage of nursing facilities. In this era, The demand of nursing staff and nursing professional skills is growing. In Japan, there are two main types of pathways for nursing education. One is a four-year university. After going through a national exam, you can go to the hospital to work or be a nursing teacher. The other is a three-year system. Because there is more and more demand of nursing staffs for medical care, and more and more nursing teachers are needed, there are more and more nursing students who have graduated from the university for four years. In Osaka Medical College, the teaching goal is to enable students to have professional nursing skills and respond to people's needs; and to develop nursing education, and hope to provide more relevant nursing research to improve medical quality.

In modern times, regardless of whether they are in Japan or Taiwan, caregivers are indispensable and require more people to invest in.

OMC Hospital

In Japan, nurses take care of 3 to 5 people on average in the morning shift, and care for 10 people in the night shift and graveyard shift. We find that Japan rarely hires foreigners to take care of patients like Taiwan. When family members are sick, few families come to the hospital to take care of them. Because of ethnic relations in Japan, it seems that something about human life tend to take care of patients by their own domestic professionals like doctors or nurses. When the elders are too weakness that they are unable to take care of themselves, the family will let the elders go to the hospital, and let the nursing staff take care of their family. We discover that Japanese nurses are very hard. Because during the internship in the institution in Taiwan, we know that helping the elders bathing, feeding, and changing position, are carried out by the resident care attendants or foreign caregivers. In contrast, nurses in Taiwan work more easily than Japanese nurses. As we know from the above, Japanese care a lot about their own country and families, and they trust in professionals.



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Nursing assessment

We followed their internship class, just like we did technical practices in our nursing simulation ward. Each of us was dispersed into different groups to observe the technical practice by their students. Their teacher would give them one patient's information, let them imagine what they may have encountered in the ward, and solve the situation by themselves, and exercise to the classmates and teachers. They prepared it for three months before going to the hospital. I was very impressed by one of the situation. It was that the patient who could only lie on the bed, and when he was going to take things, it would be inconvenient. This group thought of making a basket with hooks hanging on the patient's bed railing. But there was a problem in this group. The hook is outward and the thing is outward. The patient may not know what the thing is, and the students in other groups raised the question. The teacher asked her what solutions she had, and the classmate said that the hook can be hung Inward. Thus, the patient can easily know the location of the thing. I think this kind of practice is actually very user-friendly and there is critical thinking in this practice. This kind of exercise can let everyone think about how the situation can be handled, and let us know there is not always just one right answer.

Psychiatry hospital

We went to the "Iwakura Hospital" to visit the mental hospital and the elderly facilities. The hospital is based on the concept of "Love, Trust, Hope, Healing". It helps people suffered from Integrated disorder arrange psychotherapy and functional treatment in the hospital.The aim is to allow

mentally ill patients to integrate into society after discharge. In Japan, the long-term hospitalization patients are the majority. In this hospital, the largest number of patients are mentally ill, followed by Alzheimer's disease, and the third is alcohol-dependent patients.

When visiting the protection room in the mental hospital, we found that the internal facilities did not make a cushion to avoid the body hitting the wall. This is not similar to the protection room in Shuang Ho Hospital in Taiwn. The teacher was surprised to hear that our hospital had such installation. Although there are no cushion facilities in Japan, the patients in the hospital have not been injured so far.

Visiting the part of the elderly ward, I discovered that the curtain is used as a door in the toilet to make it easier for the staff to enter when there is a danger. In the bathroom equipment section, this hospital is very advanced. We have seen a very special bathing machine The elders who are not suitable for taking by themseleves or with disabilities can sit directly on the chair of the bathing machine and then directly put the chair into the bathing machine. The bathing machine can make the elders take a bath and satisfy the desire of going to a hot spring. In addition, there is a device in the bathroom that can be seen in the swimming pool. I feel that they pay great attention to the elder's feeling of taking a bath.

Nursery room in hospital as an employee support The Nursery room is established for staff and researchers in Osaka Medical College Hospital This is a welfare for the staff. Let the employees here do not have to worry about being unable to take care of their children. Before the World War II, most families took care of their own children. But after World War II, The family taking care of the children themselves has become less and less. Because most parents have their own jobs, they entrust children to the nursery. The staff in Osaka Medical College Hospital can bring their children to the nursery at 7:30 in the morning. The mother can also come here to breastfeed the child in the free time. There are currently 9 children aged 0~1 years old and 12 children aged 1~3 years old. The children's clothing and diapers are provided by the parents. I think this facility is really great for the employees.

In the Nursery room, we experienced playing with children. We had to wash hands in the children's room before touching the children. This was the first time I held such a small childin my arms. I couldn't guess their actions. I thought about how to make them happy, but I always felt I was ignored by them. When I was taking care of the children, I found that there were two



squares formed by nine dots on their left hand. After asking the teacher, I knew that it was a scar of the BCG vaccination in Japan. We also have BCG vaccination, but our scar is little .After showing our vaccine scars to the teachers, we all felt very special to each other.

Later, I went to the room of 1~3 years old and found that the children were very energetic. It is easy to let children happy just let them run around, and the children are not easy to feel bored. It's very different from taking care of the elders. It's probably that the elders are less energetic. And The elders may be boring and unsatisfactory to do the same thing everyday.

Health promotion activities in Japan

We went to the " Sei masumasu genki-kai " in Takatsuki to do gymnastics with the elders. The purpose of this activity is to enable the elderly to prevent disease and enjoy retirement life During the event, there was a film played and an elder in front of participants to take everyone to do excercise. There were sitting and standing parts in the flim. The elders could choose to use the standing way or sitting way to do exercise according to their own situations. I went to Nangang to take the elders to do exercise in my third year of college. I thought the scale here was very similar to the mode in Nangang. I took the elders to do the elastic belt exercise in Nangang, but here was simple bodyweight training exercise in Takatsuki. What I thought was special here was that they warm up with their tongues. I felt very special because body exercise and oral exercise are done separately in the institution in Taiwan.

The elders here told us that two things were important to them. The first is that exercise is very important. The second is that it is important to make friends. It is worthwhile for them to participate in such activities. Many elders have heard of this fitness activity. When they came here, they were also very surprised. Whether it was a hot day or a rainy day, the elders came here. They were very enthusiastic to participate in, and they were also attracted by the atmosphere here. To them, such a party made them enjoy life.

Osaka Medical college

CHEN, Hsin-Yu (Jennifer)

Postgraduate 1st year Nursing student

Taipei Medical University

Date: 2018/07/17~2018/07/27

On the first day of class, I can feel the heart of the school. The teacher waited for us in front of the convenient store nearby school and took us to the school. We have welcome reception with the Dean of the nursing department and the teachers. Each student and teacher separately introduced ourselves, let us know the teacher's expertise and let the teacher know the background of the students. Because of abnormal climate, temperatures is higher than usual, the teacher cares a lot about us. During the class and visiting, the school has arranged for the teachers for helping us to translate Japanese into English. We can ask question during class, and the teacher is willing to answer us, which is very helpful for learning. Each member in Osaka Medical College Hospital introduce us about medical in Japan including infection management and medical safety and the role and activities CNS (Certified Nurse Specialist). We also met the nurses who works in this hospital, they are very happy for sharing us the experience of working in the hospital.

In courses planning, the school let us to understand the population profiles and health issues of Japan. Osaka, maternal and child health, midwifery education system, community care, home nursing environments and care, nursing education in Japan, and long term care resources in Takatsuki. The two-week course at Osaka Medical College is very useful. In addition to the classroom courses, I also learned more about Japan's long term care from the visits health care facility for older elderly and health promotion activity and home nursing care.

The school also arranges for us to communicate with the students of OMC in one class, share each other's school and country culture. They took us to Osaka Castle and Osaka Museum of history, let us know more about this city . It's a really memorable experience.



Final Feedback

KAI, Jou-Han

3rd year Nursing student

Taipei Medical University

Date: 2018/07/17~2018/07/27

After this two weeks program of Osaka medical college, it not only open my mind but also reinforce my faith to provide a better nursing care in future. Throughout the lecture, I learned that the nursing environment in Japan seems to be very different from Taiwan. There are a decent amount of care givers in Taiwan that support nurses during their daily work. In contrast, Japan has few care givers so that the nurses tend to do everything by their own, for example: making beds and bathing patients. Due to this reason, I found that the nursing education of Japan focus on a more comprehensive aspect. In the nursing assessment course that we took really expanded my horizon. First, It is their critical thinking training in nursing education.

All the student have their own thinking pathway for their own nursing assessment and intervention. By drawing it down and performing in front of all the students are also a great way to improve the logical thinking. Every group in the class need to think up a proper intervention according to the assessment they done to the simulated patient. The variety of the interventions really blows my mind! For me, my practice in Taiwan, I usually reach for the medical side of nursing interventions instead of the humanized side, for example: the proper use of painkillers. Not like Japan nursing students, they consider more toward the patient's view. By finishing the course, OMC's nursing education strikes me with an empathy heart. I really need to work on my thoughts about patients and deeply consider what is their urgent desire, both mentally and physically. Another thing that really widen my views during the program is the diversity of health educations.

During the course, we tried the machine for detecting the germs in our mouth. The teacher told us that this method have been devoted to maintain oral hygiene. I think that it is very clever to combine technologies with medical knowledges. Not only provide a more easy way for people to prevent disease but also offer a trustful evidence for people to believe. The wild range of vivid health education manuals are also very impressive. Every disease can find their matching manual for the understanding of the cause, progression and even how to gently deal with the disease. The manual also design for all kinds of occupation and character among the society. It means that everybody can find

the most suitable knowledges for them to utilize. Health education really takes a massive part in Japan health care system. Among all the professionals, nurses seem to be the most direct person to the patients. In my opinion, Taiwan's health education is not as roundly as Japan. By absorbing what I hear and see in Japan, it is a really powerful experience for me to adjust the technique of health education in my future practice.

Last but not least, I want to express my gratitude to Osaka Medical College for providing such an amazing opportunity for me to experience the differences between Taiwan and Japan nursing environment. This experience really encourage me to choose to look on the different angle from the patients. Standing on their view and using sympathy is the most prominent part in nursing care. By finishing this two week program really boosts my enthusiasm toward nursing and becomes the future motivation for me. Words are not enough to express my gratitude!

Osaka Medical college

XU, Hui-Zhen

3rd year Nursing student


Taipei Medical University

Date: 2018/07/17~2018/07/27

During the two weeks at Osaka Medical College, I learned many different between Japan and Taiwan. For example, on July 20, professors took us to visit the hospital of いわくら in Kyoto. The professor mentioned that the government has implemented relevant policies, such as Discharge Support(退院支援), in order to solve the problem of patients' recovery difficulties caused by long-term hospitalization. (sort of like Taiwan's discharge preparation(出院準備), but Japan has done it better.) The Discharge Support's feature is that Professionals starts to seek regional and social resources from the time of hospitalization, and the regional resources are divided into two categories, 移行支援 means that helping to find a house after discharge, helping to buy things for others, and providing works from home, etc.) and 定著支援 means is for 24 hours of counseling to prepare patients well after discharge. The Discharge Support incorporate various aspects of experts to form a functioning system.



Reflection Essay

Name	Kim Dong Hyouk	
Home University	Seoul National University College of Medicine	
Program Dates	From 19.01.21 To 19.02.15	

1. Why did you choose Osaka Medical College for your international experience?

The biggest reason is that compared to other universities the program was specifically presented and I was able to practice in different departments every day. Rather than going to only one department, the program was very attractive because I wanted to experience the general mood difference between Japanese and Korean hospitals. In fact, as I went around different departments every day, I could learn about diseases and recent research that each department focus on and I could briefly see the role of University Hospital in Japan. Compared to other university programs, I think the biggest advantage is that I was able to take a different course every day.

1. What is your impression about Osaka Medical College, before and after the program?

Before the program, although I know that OMC is middle-high medical university but expected a lot of OMC because the people who had been OMC said it's really worth going. Based on the fifth grade practice, I expected to experience the difference between the course of treating diseases in Korea and Japan, and learned more than expected from the actual program. And also good thing was that, thanks to the members of the international exchange club, we had a time to actively interact with Japanese medical students and to talk about a lot of things, both privately and medically.


1. What have you gained through this program?

During the four-week program, I gained a lot of up-to-date research and medical knowledge, but the most valuable experience was the familiarity to Japanese medicine. It is a vague plan so far, but I have a passion to contribute to the exchange of Japanese and Korean medical industries. If I have the opportunity, I have a feeling that I would like to work related to this in Japan. While interacting with Japanese medical students, I felt that I could work with this kind people and that I would prepare for the JMLE exam in the future.

1. Any message to the faculty members, medical practitioners and students from Osaka Medical College and University Hospital?

I was so grateful to the faculty members of Nakayama Center who always cared about the convenience for foreign students, and the exchange club members who tried to introduce us about anything good around Osaka, and the teachers of all the departments greeted to us with smiles every day for four weeks and tried to teach us as hard as they could. Thank you for making many memories. I hope to see you somewhere in the future. 本当にお世話になりました。

Reflection Essay

Name	Lee Hyunji	
Home University	Seoul National University	
Program Dates	From 2019.1.21 To 2019.2.15	

1. Why did you choose Osaka Medical College for your international experience?

I decided to participate this program in OMC because of the opportunity to get training in almost every department.

Moreover, I can learn their culture and the national medical services at the same time. I saw some similarities and differences between the nations and had a chance to think about which aspects are better and not.

Lastly, I can get valuable lessons and unforgettable memories.

1. What is your impression about Osaka Medical College, before and after the program?

- 1) Before I came to OMC, I just wondered why Japan is famous for medical services to elderly patients. Now, I knew that was thanks to health insurance and policy.
- 2) After this program, I had a chance to think about the efficiency of protecting the thyroid gland while get exposure of radiation. In Korea, we usually put thyroid protectors, compared to Japan.
- 3) I got the impression that Japanese take care of people's health and disaster like earthquake. They put much money to doctor helicopter and ambulance transportation. The fee of calling them is free.

1. What have you gained through this program?

- 1) The cost of taking MRI and CT has an influence to making clinical decision. In Korea, we don't recommend taking brain MRI to patients with dementia because of the high cost. In Japan, However, most patients take the MRI whether they are suspected vascular dementia or not. So, I concluded that the cost of some tests make a different clinical decision and guideline.
- 2) I learned some topics and research program from doctors in OMC. The most interesting subject was about the NIRUS in psychiatry. The technology is used to diagnose depression, bipolar disorder and schizophrenia.

1. Any message to the faculty members, medical practitioners and students from Osaka Medical College and University Hospital?

They were always eager to teach us knowledge. They tried to show us new technology and their research projects. Whenever I asked questions, they gave me the detail explanation. Some of them gave me some interest to Korea and that made me excited.

I studied Japanese before coming to OMC, and I spoke easy Japanese during this program. The members of hospital gave a praise for my effort. I appreciated them for knowing my effort and listening my poor language.



Reflection Essay for Osaka Medical College

JUNG Jaeuk

6th Year Student

The Catholic University of Korea

Date: 2018/03/05~2018/03/30

5-week clinical clerkship program in Osaka Medical College (OMC) was an invaluable experience for me. I learned Japanese medical system and issue. Moreover, I enjoyed the 5 weeks in Japan a lot. The program was well planned and systematic. At the first time, I worried about the schedule, because the schedule in which departments changed daily seemed confusing. However, it was rather better to learn and understand medical practices in Japan. With the help of staffs of Nakayama International Center and OMC, I could finish the program without any problems. They were so kind and friendly.

At first glance, the hospital looked like a maze. There were many interconnected buildings which were built in different years. I could realize the long history (about 100 years) of the hospital. Though it took some time to get used to finding ways in the hospital.

I was looking forward to participating this program, because It was my first time to stay abroad for more than a month. I expected to have fresh experience and it was what OMC exactly provided me. Especially, the 2 days for Emergency medicine was great. We visited Mishima Critical Emergency Center, Osaka university hospital, and Takatsuki fire station. Mishima Critical Emergency Center is a specialized hospital for first-line treatment for acutely ill patients. And all staffs who specialize in various department from OMC work together. Dr. Kobata, the chief of the center guided us and explained the history of Emergency medicine in Japan to us. Because, Japan had suffered from natural disasters, they had systematic precautions and manuals against them. In Osaka university hospital, I learned about helicopter emergency medical service in Osaka, and saw a Doctor-Heli. I was surprised that in Japan, there were total 52 Doctor-Heli which can cover almost the whole area of the Japan Archipelago. Allowing for the difference in the population and the land area between Japan and Korea, it was definitely a large number. At Takatsuki fire station, I learned about the emergency delivery system in Japan, which is quite similar to that of Korea. It was surprising that paramedics can conduct some medical procedures, such as endotracheal intubation, IV injection, and using some medications.

In operation departments, I could observe various surgeries in operation rooms. The operation rooms in OMC hospital was built recently and the facilities were amazing. Especially there were live-videocam system by which I could observe open surgery indirectly through monitor screens. All professors and resident teachers kindly explain surgery procedures and principles. In Orthopedic surgery department, I could even scrub my hands and observed an ankle surgery right next to the patient. In General surgery, I could observe 3D laparoscopic surgery for the first time. It seemed useful to figure out the relative distance between structures.


One of the most impressed things during the whole rotations was that all doctors were kind and all patients were kind. Every doctor asked for understanding to patients about students' observership, which is quite not usual situation in Korea. They spent more times for patients in outpatient clinics, and they lowered their pose to contact patients' eyes during rounds. Patients were cooperative and respected doctors. In Korea, university hospitals are always overcrowded, and Doctors usually do not have enough time to care each patient. Therefore, conflicts between doctors and patients are frequent. I think one of the causes is that the health care delivery system in Korea is not efficient to deal with these situations.

Students of OMC were very friendly and kind. They held a welcome party and a farewell party for us. Also, they treated us to nice Japanese dishes. They also guided us for a field trip to Osaka EXPO Park on Sunday. They helped us to make precious memories in Japan.

Five weeks in OMC was a valuable experience to me. I will never forget this 5-week period for the rest of my life. I was so lucky to be able to participate this international clinical clerkship program. I experienced and felt lots of things about Japanese medical system and atmosphere. Thanks to all staffs and students of OMC.



Reflection Essay

Name	KWON OHMIN	
Home University	Catholic University of Korea	
Program Dates	From 2/18/2019 To 3/22/2019	

1. Why did you choose Osaka Medical College for your international experience?

Since early 1900s, Korean medical society has a lot been changed under the influence of western and Japanese medical information influx. However, nowadays, Korea and Japan, they interact each other and they are making a new trend of medical concept. For example, the surgical procedures on gastric cancer of Japan and Korea were selected as a standard treatment method in the world. After knowing that relationship between Korea and Japan, I have been interested in the elective course in Japan to experience their common and different aspect of medical society.

I also searched for many elective courses abroad such as Japan, Taiwan, Thailand. But all the elective courses – except for OMC – only allow students to experience one or two departments during a month of the period. The OMC offered various kinds of departments to experience for students, so that is also one the reason why chose OMC as my elective course.

1. What is your impression about Osaka Medical College, before and after the program?

At the first day, the department manager and I had a short tour of OMC campus with my colleague Mr. Jung. I thought that it was similar to one of the university hospital in Korea in terms of size.

When I finished my elective course, this hospital and university were much bigger than I expected. They had more facilities and for fundamental study, and they are still growing now to the future.

1. What have you gained through this program?

There are many differences between Korean and Japanese medical culture since the first day in orthopedics. We in Korea have a short time to meet patients in outpatient clinic -almost 3 to 5 minutes- but in Japan, they have enough time (about 10 to 20 minutes) to ask patient's symptoms, and do physical examinations. It was a great impression during my OMC elective course.


Rehabilitation medicine. It was on my interest, so I expected a lot on this department. In this department, they had some disease-experiencing tools which make deformity on the body for a short time to experience patient's inconvenience and pain. I did osteoarthritis and hemiplegia. I have seen a lot of those patients. But didn't recognize their pain and inconvenience well,

In fundamental departments, we had chances to experience brand-new technique we have seen only in textbooks. In the pharmacology department, they introduced hiPS induced cardiomyocyte cultured to control Fabry disease. I had an opportunity to exam the effect of isoproterenol on hiPS induced cardiomyocyte. It was a great experience that hard to get from Korea.

1. Any message to the faculty members, medical practitioners and students from Osaka Medical College and University Hospital?

I really appreciated with the warm welcome of OMC international club students and nakayama center staffs. Although there is also language barrier between us and others, department manager Chika also tried to talk with her Korean. It was so helpful to us. Many members of OMC medical students brought us beautiful places and restaurants, and the friends from Singapore and Taiwan also helped me to enjoy 5 weeks of OMC elective courses.

Reflection Essay

Name	QU XINYI	
Home University	NATIONAL UNIVERSITY OF SINGAPORE	
Program Dates	From 4 March 2019 To 29 March 2019	

1. Why did you choose Osaka Medical College for your international experience?

I chose to spend my elective period in Osaka Medical College as I was attracted by the rotation program offered by the school, which allowed students to rotate through different departments every day and be exposed to the workings of the hospital. My seniors who had previously visited Osaka Medical College for their electives also spoke favorably of their experiences, which further prompted me to make an application and experience it for myself.

1. What is your impression about Osaka Medical College, before and after the program?

Before the program, I had found out that Osaka Medical College was a private university, and wondered how my experience here would differ from my friends visiting other national universities in Japan. However, through exposure to the departments in OMC, I have found the school and hospital to be at the forefront of healthcare in the Kansai region and in the whole of Japan. Speaking to the students here has also helped me become more aware of the Japanese medical education and healthcare system.

1. What have you gained through this program?

Through the 4 weeks spent in OMC, I have been exposed to various interesting and new topics in the different departments. In the hospital, we had many simulation sessions and hands-on experiences with the doctors and trainers from different departments. The simulation session with Ichiro-san (the simulated patient in Cardiology) was a wonderful experience, and Dr. Ito was very helpful in answering our questions about Cardiology. In Internal Medicine, I got the chance to do a thyroid ultrasound on myself under supervision, which was also the first time for me.

The out-of-hospital rotations we had were also very interesting to me. The visit to Mishima Critical Care Center was an eye-opening experience, as it was the first time I had visited a center that was purely focused on emergency and critical care medicine. In comparison, the hospitals in Singapore contain Emergency departments and Intensive Care Units, but these are not found in a separate center. We also got the chance to see the Doctor Car that was operated by Mishima Critical Care Center, which was similar in concept and content to the ambulances in Singapore.

Our visit to Osaka University Hospital was exciting as well, as we learnt about the importance of disaster medicine in Japan and the measures taken by hospitals and healthcare centers across Japan in the event of natural disasters. Japan has its fair share of earthquakes and other natural disasters, unlike Singapore, and disaster medicine is a new area for me. During the trip to Osaka University Hospital, we had the chance to look at the Doctor-Heli and learn about how it would be deployed in the event of an emergency or a natural disaster.

Another excellent experience we had was in the department of Transfusion Medicine, where we learnt about the history of blood transfusion in Japan and the workings of the laboratory. Dr. Kohno Takehiro was extremely passionate and imparted a lot of knowledge and wisdom to us. As Transfusion Medicine was not a major subject in our curriculum, my previous knowledge about it was mostly theoretical. This rotation has helped me gain a practical perspective of Transfusion Medicine and learn about how to apply the principles in real-life clinical practice.

Last but definitely not least, I gained many friends during my stay in Osaka Medical College. Students in the International Communication Club were very hospitable, and we became close friends through sightseeing trips and dinner parties. Together with the elective students from Taiwan and Korea, we made many fond memories in our stay here, and I am thankful for having met and made so many close friends.



Reflection Essay

1. Any message to the faculty members, medical practitioners and students from Osaka Medical College and University Hospital?

To the faculty members and medical practitioners:

Thank you for the knowledge you imparted on me throughout my elective period, and for all the times you patiently answered my questions. I have learnt a lot from all of you during my stay here, and it has been a truly wonderful time.

To students from OMC:

Thank you for your hospitality and for all the outings and dinners you organized for all the elective students. My stay in Japan has been made much more wonderful thanks to all your help! Hope to see you guys in the future, whether in Japan or in Singapore. All the best for your future studies, and hope that you will remember all the good times we had during the past month!

To Ms. Chika Takeda:

Thank you, Takeda-sensei, for your prompt and detailed emails, and for helping us unfailingly with administrative matters both before and during my stay here. It has been a wonderful time seeing you every day, and I hope I have not caused much trouble for you! Hope to see you again in future, whether in Japan or in Singapore, and thank you once again for all your help during the past one month!

Name	羅元廷(Luo, Yan-Ting)	
Home University	National Taiwan University	
Program Dates	From 03/03/2019 To 29/03/2019	

1. Why did you choose Osaka Medical College for your international experience?

I chose Osaka Medical College because I wanted to gain experience more departments instead of being fixed in one or two departments. The program in OMC is very abundant, and I could even go to some departments which I had no chance to experience in Taiwan. It was an excellent opportunity for me. I also heard from my classmate, 蘇柏宇, that all the doctors, nurses, students, and staffs were friendly here and he learned a lot after the program in OMC. Besides the program and people in OMC, the location of OMC is amazing. Getting to Osaka and Kyoto from Takatsuki is convenient. Living here, I thought I could have more chances to experience the Kansai culture. That is why I chose OMC for my international experience.

1. What is your impression about Osaka Medical College, before and after the program?

Before I came to Osaka Medical College, I have no idea about OMC. I only knew I would go to different departments each day here. I thought it would be a great experience, but maybe I could not learn much because there was only one day for each department. However, after I came here, I knew worrying was unnecessary. All the doctors prepared the lectures very well, and every day I learned a lot of knowledge from them. The doctors had a lot of passion for teaching us and sharing their experience with us. My impression changed a lot after I started the program. The program at OMC was excellent!

1. What have you gained through this program?

There were different departments each day in our program; as a result, I learned a lot from different specialties such as the concept of blood transfusion, different types of anatomy, the surgery of gastroenterology, etc. Aside from the medical knowledge, I also felt the passion of the doctors in OMC, and it motivated me to study harder and become a good doctor. Moreover, I made friends with International Communication Club members and other international students from Korea and Singapore. The friendship was priceless. I am sure all of us would do our best in our medical career, and we might have international cooperation someday!

1. Any message to the faculty members, medical practitioners and students from Osaka Medical College and University Hospital?

I really appreciated what Ms. 武田 have done for us. Before and after we arrived in OMC, she always took care of us and made sure that we could have the rotation smoothly. Also, Mr. 角江 usually brought us to the assembling places. Thanks to him, I could become more familiar with the map of OMC. I am also thankful to all the International Communication Club members. Mat and the members held the activities and were so nice to us. All the doctors we met taught us a lot. They were friendly and shared their experience with us, by which I felt encouraged. Osaka Medical College is wonderful. I love OMC, Takatsuki and all the people I met here. Thank you, OMC!





We visited Osaka University Hospital Trauma and Acute Critical Care Center and had a lecture about Helicopter Emergency Medical Service in Osaka Prefecture (Osaka-HEMS). The doctor tell us how Osaka-HEMS worked and the objectives and medical team of it. We had an excellent experience to get on the helicopter!



We had a lecture of anatomy by Dr. Mabil Eid in the discussing room of OMC library. He taught us about variations of anatomy. For example, some people do not have the palmaris longus. I am the one who don't have this muscle. He also talked about the accessory spleens, two vena cavas, some variation of arteries and so on.



Prof. Takehiro Kohno is the director of blood transfusion room. He gave us a lecture about the concept of blood transfusion (empirical vs. theoretically), the history of this room, the story of his medical career and why donating blood is so important. We took a photo together with Kenketsu, the mascot of blood donation.



In rehabilitation, we simulated how the elder people walked and learned the difficult for them to walk smoothly. Besides, we tried different types of orthosis such as knee ankle foot orthosis (KAOF) and ankle foot orthosis (AOF). The technician also made a leg mold of our right leg and gave it to us as a souvenir. I would try my best to bring it back to Taiwan.



Prof. Hitoshi Kobata, who is the head of Mishima Emergency Critical Care Center, showed us around the center. The Mishima Emergency Critical Care Center only takes care of critical patients such as stroke, severe trauma, heart attack, psychiatric emergency, etc.

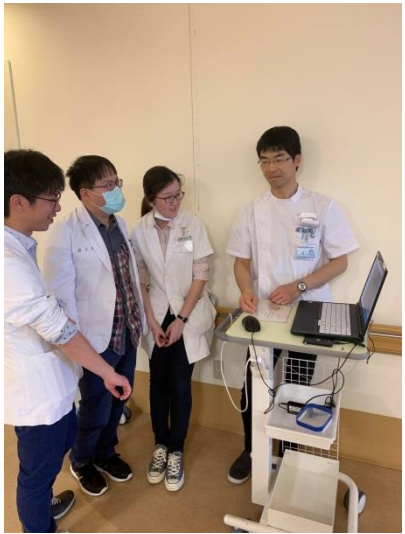


In psychiatry, I was undergoing an examination of near-infrared spectroscopy (NIRS). It could show the activities of the brain by detecting the oxygen saturation of hemoglobin within the microcirculation. The result of the student of National University of Singapore was normal. The result of my classmate was "you are depressed". And my result was "you are something different". I really wanted to know what happened to me.



Name	LIAO, Cheng Hung (廖振宏)		
Home University	National Taiwan University (国立台湾大学)		
Program Dates	From Mar 3, 2019	To Mar 29, 2019	

1. Why did you choose Osaka Medical College for your international experience?
First, I really like Japan and I had been planning to have clinical rotation here soon after I entered medical school. I also visited UTokyo this time in February, and I thought it would be great to also visit a medical school here at Kansai area. I heard from my seniors that they had a great time here at OMC, so I followed their suggestion to have a rotation here, and it worked out really well for me.
1. What is your impression about Osaka Medical College, before and after the program?
To be frank, I did not really know where OMC is nor its history before I came here. I knew it is a good medical school, and I thought OMC hospital is a regional hospital on the first day of rotation. After the program, I think OMC is a prestigious school with a compact hospital. There might not be so many patients here compared to the NTU hospital (a tertiary hospital located in downtown Taipei), but medical equipment are good, staff are well-trained and passionate about their work.
1. What have you gained through this program?
I really saw lots of different thing in many departments each day, even to some departments I had never been to in the hospital of my school. I could always find something new here every day and figure some difference between hospitals here in Japan and hospitals in Taiwan. I also some to compared between different departments in hospital, which helped me think which specialty to choose in the future. Other than my rotation here, I also make some friends here, including local students and also other students getting training here. Also, during the previous visits here in Japan, I seldom had chances to really know the daily life of a Japanese student or doctors. This time by communicating with many people here, I also learned more about Japanese culture, and it is a very precious experience to me.
1. Any message to the faculty members, medical practitioners and students from Osaka Medical College and University Hospital?
I am very grateful for this wonderful month here at Takatsuki. Doctors and other medical practitioners were very patient to answer our questions and taught us, students treated us very well and taking us to have fun at the EXPO park, and the staff from Nakayama center arranged almost everything for us, making us so comfortable here. I hope I can came back here again soon, and I am very welcome for you to come to visit Taiwan.



1. Going through the afternoon round with a senior resident in the gastroenterology department. He was very patiently explaining the condition of a patient in English to us.



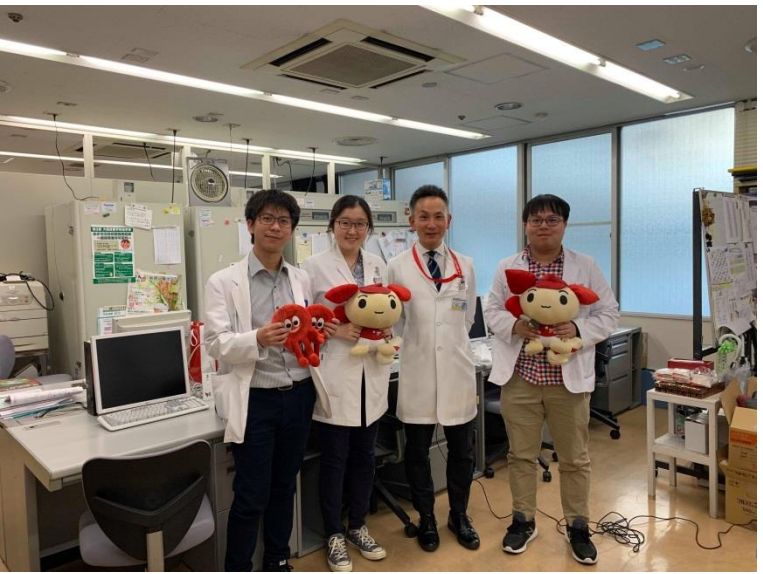
2. Having a lecture by Dr.Nabil Eid from the department of anatomy and the topic was about anatomical variations and tingible body macrophages. We learned about some variations of recurrent laryngeal nerve (non-recurrent laryngeal nerve with retroesophageal right subclavian artery) and celiac trunks.



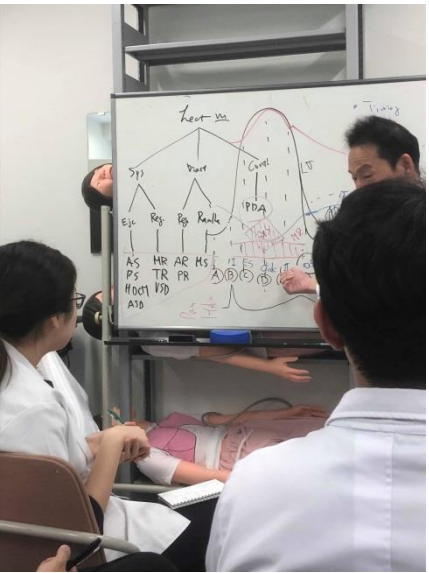
3. Visiting Mishima Critical Emergency Center and had a lunch there with Dr. Kobata and fellow residents. Dr. Kobata. We looked around the hospital and Dr. Kobata introduced the hospital to us. Fortunately for patients, there was no emergency case on that day though.



4. Visiting Osaka University Hospital. We learned about HEMS system in Japan and had a glimpse of Dr. Heli there on the roof. This was a new experience for me, because there is no HEMS in Taiwan.



5. Dr. Kohno, the director of transfusion room gave us a lecture about the importance of blood transfusion and blood donation.



6. We had a lecture about heart sounds at the department of cardiovascular medicine. There were simulators called "ICHIRO", which produced all kind of heart sounds and really help us understand the differences between each.