

大阪医科大学

Osaka Medical College

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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 2017

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



マヒドン大学での臨床実習を終えて

派遣期間: 2017年4月3日～4月28日

医学部6年生
松生 真貴子

この実習で心臓血管外科を4週間回らせていただきました。

まずは、プログラムの内容ですが、心臓血管外科では大阪医科大学と同様にオペ見学、外来見学、ICU見学の三種類の実習がありました。シリラー病院では治療費がかからないこともあってか、外来には毎日100人から多いときでは250人というたくさんの患者さんが来ていて、とても症例数が豊富でした。また、日本では小児のうちに治してしまうため見るのが希と思うような症例も見ることができ非常に興味深かったです。また、マヒドン大学の医学生は日本よりも実践的な医学教育を受けているようで、先生方の指導も実践的で外来に入ったときは聴診器を渡され、全患者さんの心音を聴診させていただき、ひとつひとつの症例について非常に丁寧に指導していただきました。また、オペ見学では外来でお会いした患者さんのオペに入ることがしばしばあり、外来から実際手術に至るまでの一連の流れをみることができ、その症例について非常に深く学ぶことができました。症例数が非常に多い分、レジデントの先生がオペを行うことも多く、学生の私が清潔で補助をさせていただくこともあり、非常に緊張感を持ってオペに参加でき、教科書で読んでいただけの知識が目の前で行われていくのはとても印象に残りました。ICU見学では、オペ前後の管理を見ることができるので、3つの実習を合わせて、心臓血管外科の一連の流れをそのままみることができ、非常に勉強になりました。

次に、海外の大学病院で感じた日本との違いですが、何よりも印象的だったのが若い先生が主戦力になっていることです。外来もレジデント一年目の先生が一人で行っていたり、レジデント4年目の先生が、上級医がついているといえどメインでオペを行っている様子は非常に印象的でした。日本では胸部外科は上の先生方がメインで行っているイメージなので、タイは胸部外科を目指している人にはとても恵まれた環境だなと思いました。

今回の実習を通し、何よりもタイの学生が非常に優秀だったため、非常に勉強に対するモチベーションが上がります。日本の学生とは比べ物にならないくらい勉強しています。英語の教科書しかないので、医学英語は完璧で焦られるため非常に刺激になります。また、必要に迫られて医学英語を学ぶため医学英語の定着が早く、医学英語を学ぶ習慣が身につきます。また、英語で学ぶことで一度学んだことが深く定着すると思います。

将来の志望として、現実的な仕事と生活のバランスを考えて内科を考えていたのですが、今回心臓血管外科を回らせていただいて、たくさんの女医の先生方がいらっしゃって話を聞いていると、やはり将来の選択肢の中に外科を加える未来も考えたいなと思うことができました。また、今まで海外での実習を行ったことがなかったため、今回学生という立場ですが海外での臨床実習に参加させていただき、多くのことを得られたため、医師という立場で再び海外での臨床に参加することができたら良いなと思っています。

最後にこの実習を素晴らしい経験にすることができたのは、現地での先生方、学生のみなさん、現地コーディネーターの皆さん、また中山国際医学医療交流センターの方々の助けがあってこそなので、この場をかりて感謝を述べたいと思います。本当にありがとうございました。今後この経験を活かし、より一層勉強に励み、将来に活かせれば良いと思います。

マヒドン大学Siriraj病院での海外選択実習を終えて

派遣期間: 2017年4月3日～4月28日

医学部6年生
前田 未知可

2017年4月3日から28日までの1ヶ月間、マヒドン大学シリラート病院で海外実習させていただきました。

シリラート病院はバンコクにある、東南アジア最大の敷地面積を有する病院です。そんな大病院であることに加えて、基本的な医療を無償で提供する公立病院であるため、24時間体制の患者さんが訪れており、多彩な症例を見ることができました。

私は外傷外科と産婦人科を2週間ずつ回りました。外傷外科で診る外傷は小さな切傷から動物咬創、バイク事故、重傷の火傷まで様々で、ときには高度な設備を求めてタイ南部からはるばる何時間もかけて運ばれてくる患者さんもいました。産婦人科では、20以上の分娩台が並ぶ分娩室で1日に何件も分娩が行われていて私も見学させていただきました。他にも、外来や帝王切開、婦人科の手術や不妊治療など様々な場を見学することができとても勉強になりました。タイでは6年生はexternと呼ばれ、簡単な救急処置や分娩の介助は彼らが行います。私たちと同じ学年ながらも堂々と患者さんに接し、医療の一端を担っている彼らはまぶしく思えましたし、日本の医学生との責任の重さの違いを感じました。

大阪医科大学では低学年のころから参加できる留学プログラムがいくつもありますが、私は今まで参加することなく部活動に打ち込んできました。そして今回、最高学年になるにあたって、学生のうちに経験できる最後の留学の機会を逃したくない、日本とはまた違った環境に身を置いて視野を広げたい、と思いこの海外実習への応募を決めました。そんな動機で始まった海外実習でしたが、私が一番驚いたのはタイの先生方や学生の親切さでした。タイの医師は寝る時間も惜しんで働くような、日本の医師に勝るハードな職業ですし、学生もシフト制で夜勤に入らなければならなかったり、英語の文献で勉強していたりと働いているも同然ともいえるほど多忙です。部活動やアルバイトをする時間は当然ありません。

そんな中、彼らは私たち留学生に対して本当に良くしてくれました。病院内では、いつでも私のそばに来てカンファレンスの内容や疾患について英語で解説してくれました。放課後や休日には、観光や食事に連れて行ってくれました。彼らと過ごす時間は本当に楽しく、彼らのおかげでこの1ヶ月間は忘れられない、想像をはるかに超える素敵なものになりました。これからも多忙な毎日を送るのだと思うのですが、彼らの活躍を願ってやみません。そして将来再会するときに彼らに胸を張って会えるよう、私もこの1ヶ月で得たことを糧にしていきたいと思います。

最後になりましたが、中山医学国際交流センターの皆様はじめこの実習にあたりお世話になりました。すべての方へお礼申し上げます。このような貴重な機会を与えてくださりありがとうございました。



マヒドン大学Siriraj hospitalでの病院実習を終えて

派遣期間: 2018年3月5日～3月16日
医学部5年生
八幡直輝

2018年春、私はマヒドン大学附属シリラート病院の感染症科にて2週間の実習を行いました。短い期間でしたが、日本では見ることの出来ない症例が殆どであり、大変勉強になり充実したものとなりました。私がシリラート病院の感染症科を希望したのは、本学ではあまり経験することが出来ない、AIDSや結核の症例を勉強したいが為でしたが、その意味でこの選択はとても正しかったように思います。タイではHIV感染者の人口が日本に比して非常に多く、有病率は全人口の1.1%と言われています。HIV Clinicではもちろん、病棟回診や通常の外来診療でも多くのHIV陽性の患者を目にしました。中でも日和見感染症の発症を機に来院されるケースが多く、その為院内には日和見感染症が重症化した患者が多くおられました。

日本との違いを感じた点は、日和見感染症の種類です。タイでは結核がcommon diseaseであり、AIDSに結核が合併した症例が多いのに驚かされました。私の印象ではPCP合併例より遥かに多かったように思います。肺結核だけでなく、腸結核、結核皮疹など症状は多岐にわたり、Fellowの方も「タイではAIDSの日和見感染症の鑑別には結核を必ず考える必要がある」とおっしゃっていたのが印象的でした。他にも全身播種性のNTM感染症の合併例、ヒストプラズマ種による感染症の合併例など、日本では珍しい貴重な症例を多く見学することが出来ました。

また、治療レジメンにも違いがみられました。日本で一般的なインテグラーゼ阻害薬を使用するレジメンはタイではまだ保険で認可されておらず、既存のNRTsとNNRTsを併用したレジメンに対する抵抗性をもったHIVに対しては、かなり難渋するのが現状のようです。日本の恵まれた状況を改めて客観的に見る事が出来ました。

一方で、日本ではまだ保険で認可されていないPrEPがタイでは徐々に使われ始めているようで、この点では日本が後れをとっていると感じられました。タイでは、MSMに対して1日当たりUS\$1でPrEPの処方を受けることが出来るそうで、今後HIV感染率の低下につながる事が期待されています。日本ではまだ聞き慣れない話題ですが、この実習を機にこれから注視していきたいと感じられました。

このように、シリラート病院感染症科での実習において、生涯通してここでしか見られないような貴重な症例を見られたばかりでなく、日本の医療を客観的に捉える事ができ、とても充実した時間を過ごすことが出来ました。また、タイの医師や医学生の実力と勤勉さはぜひ見習わなければならないと強く感じています。この貴重な留学経験を今後に生かし、研鑽して参りたい所存です。

最後になりましたが、このような留学の機会を下さりました米田教授、松本さんをはじめとします中山国際医学医療交流センターの皆様、PA会の方々、タイでお世話になりました感染症科の先生方、international officeの方々にこの場をお借りして深く御礼申し上げます。

国立台湾大学選択臨床実習派遣 海外臨床実習派遣報告書

派遣期間: 2017年4月3日～4月28日
医学部6年生
西岡 慧

私は4月5日から28日までの約4週間で国立台湾大学医学部で選択臨床実習をさせていただきました。大阪医科大学と国立台湾大学との交換留学は今回が初めてということで、初めは分からないことも多々ありましたが、現地の先生方や医学生のお陰で非常に実のある臨床実習となりました。

初めに国立台湾大学病院について簡単に紹介しておきます。台大病院は1895年に日本の台湾総督府によって創立された台湾大学医学部の教育研修病院です。各診療科が完備されており、総病床数は2,000を越え、他にも多数の分院があります。台大病院は1,000人を越える内科、外科医がおり、ヨーロッパ、アメリカ、日本等で研修をし、技術を磨いた先生も多数います。私は4週間の臨床実習でfamily medicineと小児科の2つの診療科を回らせていただきました。

最初に回ったfamily medicineは大きくホスピス班とgeneral班に分かれており、私は最初の1週間をホスピス班の先生方と行動しました。ホスピス班は毎朝8時からカンファレンスがあり、テーマは毎日異なるものでした。例を挙げると、癌末期などでホスピスに入院している患者さんに対して、どのようなことに注意して接すると良い関係性を築けるのかという事を実際に先生の経験談を織り交ぜながら若いレジデントの先生方に教えていました。カンファレンスの後はレジデントの先生方について病棟の回診を行っていました。病棟で感じた日本との違いに東南アジア系のCare giverの存在がありました。Care giverとは患者さんの身の回りの世話をする介助者のことで、日本では看護師さんが同じ事を行っています。しかし、台湾では患者さんの世話を看護師さんがするのではなく、Care giverの方を個人で雇って病棟に泊まりこみで患者さんの世話をしてもらうというシステムをとっていました。また、ホスピスということで病院内に仏教とキリスト教用の祈祷室がありました。日本でホスピスというとキリスト教のイメージがあったのですが、お坊さんが病棟にいたりなど、とても新鮮でした。午後は毎日違うクリニックに行き、先生方の診察を見学させていただきました。クリニックでは患者さんの問診は中国語で行われていましたが、診察後に英語で説明していただいたので、とても有り難かったです。2週目の最後に教授のWang先生からfamily medicineで大事なことは『3C2A:

Comprehensiveness, Coordination, Continuity, Accessibility, Accountability』であると教えていただきました。これは、Family medicineだけでなく、どんな医師にも必要なことだと思うので、しっかりと心に留めておきたいと思います。

3週目から回った小児科は、他の診療科とは異なりChildren hospitalと呼ばれる小児科と産婦人科のみからなる病院で研修を行いました。ER, Hematology, General, NICUの4個の部門の中から好きな部門を選んで研修するという実習で、私はGeneral部門を2週間選択しました。General班では、毎朝8時から1時間ほどmorning meetingやcase discussionを行っていました。ここでは、スライドと発表は英語で、discussionは中国語で行なっており、台湾の先生方・学生の英語力の高さに驚かされました。朝のカンファレンス後は主にInfection Disease班(以下ID班)の病棟回診についていきました。症例はcommonなものから今まで見た事ない症例など、幅広い疾患の患者さんが入院されていました。回診中によくID班の部長であるChun先生から小児感染症に関して色々と質問されました。中でも多かった質問が、疾患の原因の疫学や抗菌薬の使用法、耐性菌などに対して『日本ではどうなの?』というもので、日本の医師国家試験の勉強で答えられるものもあれば、そうでないものもあり、日々の臨床実習でもっと勉強する必要があると再認識させられました。

学生のうちに今回のような海外医療を経験することは大きな意味を持つのではないかと思います。自身と台湾を初めとする海外の医学生との意識や考え方の違いを感じましたし、なにより英語力のなさを痛感しました。また、残りの学生生活、及び医師になってから日本の中だけでなく、世界レベルで頑張っていく必要があるということも感じました。学生生活も残り1年を切りましたが、今回の研修で得たことを日本でも継続して勉強し、これからも頑張っていきたいと思います。

今回の臨床実習は一生忘れないくらい刺激的で、楽しいものでした。このような研修を行えたのも、台湾の医学に関して色々教えていただいたfamily medicine・小児科の先生方、食事や遊びに一緒に行ったNTUを初めとする海外の学生・日本の留学生達の存在があったことだと思います。本当に感謝しております。最後になりますが、このような機会を設けていただいた中山国際医学医療交流センターの皆様、河田教授、米田教授、玉井教授を初めとする大阪医科大学の先生方、朝の抄読会に来ていただいた朝日教授、松本先生、小谷先生には心から感謝申し上げます。

国立台湾大学選択臨床実習派遣 海外臨床実習派遣報告書

派遣期間: 2017年4月3日～4月28日

医学部6年生

山北 麻由

私は2017年4月の1か月間、国立台湾大学に留学させて頂きました。今までもハワイ大学やスタンフォード大学に留学させて頂きましたが、アジア圏に留学目的で渡航したのは初めてであり、また1か月間滞在させて頂いた事もあり、今までとはまた違った経験をする事が出来ました。国立台湾大学は世界トップレベルの大学であり、数多くの留学生を受け入れています。今回の留学では、台湾大学の学生達だけでなく、アメリカ、イギリス、シンガポール、マレーシア、香港など様々な国からの学生達との交流を持つことが出来ました。出身国の異なる皆で自分の国について、医療について話すことが出来たのは、大変貴重な体験だったと思います。さらに台湾大学では先生方はもちろんのこと、学生も英語が堪能な方が多く、カルテの記入も英語で行っておられたことに驚かされました。大学での医学の学習方法についても、医学の教科書は英語で書かれたものを使用しているそうで、これは私たちも取り入れていくべきではないかと感じました。

それでは選択臨床実習について述べていきたいと思います。私の前半2週間の選択実習は小児科でした。国立台湾大学では、小児科専用の病院棟があり、数多くの症例を引き受けています。私は小児科の中でもGeneral pediatricsを選択させて頂きました。最初の1週目は祝日等で3日しかありませんでしたが、10日で様々な症例を勉強させて頂きました。毎朝症例検討会やカンファレンス等から始まるのですが、週3日は英語での発表、質疑応答を行っており、中国語でのカンファレンス等も先生方が英語に訳してくださるので勉強になりました。カンファレンス等が終わると日本と同じように回診が始まります。回診は台湾大学の5年生(台湾の医学部は7年制)の学生達と一緒に回りました。通常先生方が私たちのために中国語での患者さんとのやり取りを英語に通訳してくださるのですが、先生方がお忙しいときなど、学生達が通訳をしてくれ、大変勉強の助けになってくれました。また、アメリカの学生達とも一緒に回っていたため、台湾、アメリカ、日本における小児感染症に対する治療薬の違いについて話し合うなどの経験も出来ました。

後半2週間はFamily medicineで、ホスピスケアについて学びました。私はそれまでホスピスを見学したことがなく、これが初めての経験となりました。ホスピスでは、病院が雇用している僧侶や神父の方がおり、患者さんの宗教的、精神的ケアをされていました。実際に僧侶の方とお話をする機会も頂き、宗教観に触れることが出来ました。また、24時間家族の付き添いが許可されていることが日本と大きく異なる点で、大変驚きました。他には、台湾では患者家族が外国人ヘルパーの方を1日2000NTD(日本円にして約8000円)で雇用し、24時間体制での介護を依頼することが可能で、多くの病室で外国人ヘルパーの方々をお見掛けしました。日本の病院では見られない制度でしたが、台湾では一般的だそうで、日本であれば看護師の方々がされる介助を担っていることを知りました。

今回は、台湾と日本の医療制度の違いはもちろんですが、異なる文化について学ぶことが出来ました。また、多くの大切な友人を得たことは、私にとって視野を広げ、医学や言語学習に対するモチベーションを刺激してくれる大きな要因になったと感じています。様々な国の人と医療や文化について話したことで、自分に足りない知識や、自分自身が日本についてもさらに学ぶべきだと気付くことが出来ました。この経験を生かせるように、今の自分が出来る精一杯の努力をしようと思っています。

最後になりましたが、今回留学するにあたりご協力下さいました台湾大学の皆様、米田先生をはじめとする大阪医科大学の先生方、中山国際医学医療交流センターの皆様、本当にありがとうございました。

国立台湾大学病院での選択臨床実習を終えて

派遣期間: 2017年4月3日～4月28日

医学部6年生

仲野 佐方里

2017年4月の1か月間、国立台湾大学病院にて選択臨床実習をさせていただきました。はじめの2週間はFamily Medicineを、残り2週間は小児科を選択しました。台湾大学病院は台北市の中心部に位置し、日本統治時代に建設された旧病院、新病院、こども病院の3つの大きい病院からなります。旧病院は主に外来を、新病院では検査や入院、手術などを行うよう分業されています。こども病院は小児科だけでなく、産婦人科、新生児科もまとめられていて、周産期からこどものすべてを診ることができるようになっています。

Family Medicineにはgeriatrics(老年医学)とホスピスの2班があり、両方を選択しました。朝はカンファレンスや勉強会からはじまります。その後、午前中は病棟業務を、午後は外来を見学しました。病棟では、台湾大学の7年生をフォローしていました。7年生は、日本でいう研修医のような存在で、受け持ち患者さんの処方や診療、CV挿入や腹腔穿刺といった処置まで上級医の指導の下で行います。Family Medicineには、老年外来や禁煙外来、女性外来やtravel medicineなど様々な外来が設置されています。先生と患者さんとのやりとりはほぼすべて中国語でなされるため、理解できない部分も多いのですが、日本との違いを交えながら台湾の医療制度や外来について逐一先生が説明してくださいます。また台湾大学内にある保健センターに赴きcommunity healthの講義を7年生とともに受ける日もありました。小児科では、小児神経や小児血液など様々な科を選択することができましたが、わたしはgeneral pediatricsにて実習させていただきました。小児科も朝はカンファレンスからはじまります。毎日、各科の症例プレゼンとミニレクチャーがありました。その後は病棟で実習を行います。General pediatrics病棟には、細気管支炎や肺炎のような感染症で入院されている方が多くいました。7年生が主治医となりますが、感染症や内分泌など、各科専門の先生が毎日回診をおこないます。その際、画像の見方や治療方針などを講義してくださいます。台湾大学病院での4週間でいちばん印象に残ったことは、先生方が世界的な視野をもっていることでした。アメリカのエビデンスに基づき、それに台湾の疫学を加えローカライズした医療を実践されています。そのため、日本の医療制度、疫学、治療指針について尋ねられる機会や台湾との違いについておはなしされる機会が多くありました。また、台湾大学病院には同時期にアメリカや香港、フランスなど日本以外の世界各国から留学生が訪れています。とても貴重な経験をつむことができます。最後になりましたが、このように海外にて選択臨床実習をおこなう機会をくださった米田博教授をはじめとする中山国際医学医療交流センターの皆様に深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 海外臨床実習派遣報告書

派遣期間：2017年4月3日～4月28日

医学部6年生

長屋 龍太郎

【はじめに】

2017年4月3日～4月28日までの期間でNational University of Singapore (以下NUS)の海外実習に参加しましたのでご報告させていただきます。今回、私はSingapore General Hospital (以下SGH)、National University Hospital (以下NUH) という2つの病院、2つの診療科を各2週間回りました。SGHとNUHというシンガポールにあるメインの3つの総合病院のうちの2つを回ったことで、それぞれの病院の雰囲気の違いを味わうことができたことは非常に勉強になりました。

【志望動機】

主な理由は2つです。1つ目はシンガポール国立大学が英教育専門誌タイムズ・ハイヤー・エデュケーションによる「世界大学ランキング」によるとアジアトップの大学だからです。トップの環境で、その医学生がどのような教育を受けているのか知りたい、自分も受けてみたいと思いました。2つ目は自分の英語力を試し、鍛えたかったからです。その点、外来診察など患者さんとのコミュニケーションを英語でとることも多いシンガポールはアジアの国の中では実習に最適だと考えました。

【実習内容】

① SGH : Accident & Emergency (2017/4/3～14)

SGHの救急科は非常に忙しく、繁忙期にはまるで野戦病院であるかのように病棟がベッドで埋め尽くされていました。その分、とにかく豊富で多様な症例を勉強させていただきました。一次救急としての外来診察から、二次、三次救急といった緊急性の高い診療まで見学できたことは勿論、心筋梗塞、DVTなどよくある内科的な疾患から、交通事故による多発外傷、指の切断などといった今まで見たことのない外科的な症例を見ることができたことは貴重な経験でした。

実習中は主に日本の研修医にあたるMedical Officerの先生にフォローし、症例についての問を受けたりすることが多かったです。人生初の当直や、初診の患者さんの医療面接、身体診察、採血などの医療手技の手伝いもさせていただき主体的に取り組めたと思います。

なにより驚いたのは、一緒に回ったNUSや他国のElectiveの学生のレベルの高さです。彼らは”学生”というよりも、”医療スタッフ”として実習に参加していました。つまり、初診の患者さんの医療面接、採血をし、必要であれば他の検査も行い、先生にコンサルする、というところまでが彼らの役目であり、卒後すぐ戦力として働けるようになることを目的に実習に取り組んでいました。実際、症例検討の授業で先生方は、学生に鑑別診断、検査計画、治療計画など、一連の流れ全段階において確実な知識、例えば治療であれば薬の投与量など、まで求めます。同じ最終学年の学生であってもこれほどにまで差があるのかという事を痛感した衝撃的な体験でした。

② NUH : Haematology (2017/4/17～28)

NUHの血液内科は、選択の関係上日本での実習でほぼ血液疾患に触れることがないうえに、どちらかといえば苦手分野の血液内科を克服しようと思い、選択したのですが、その目的は十分に達成されたと思います。

一日の流れは午前中に病棟回診、午後は外来、骨髄穿刺、自家幹細胞移植などの医療手技の見学というのが主な流れでした。病棟回診は血液内科の上級医が2人、MO1人、さらに薬剤師1人、緩和医療専門医1人というメンバー構成でした。時によりメンバーは変わりましたが、薬剤師と緩和医療専門医と一緒に病棟を回することで、抗がん剤の選択や疼痛コントロールなど、より深いディスカッションが行われており印象的でした。午後の外来は、そもそもシンガポール国内に血液内科のある病院が少なく、時にはインドネシアなど他国からの患者さんも来るという事で、非常に忙しかったです。しかし、その分リンパ腫、白血病、骨髄腫、血小板異常、貧血、移植などほぼ全領域を体系的に学ぶことができました。また、外来の隙間時間に例えば「大球性貧血の鑑別診断のフローチャートは？」といった問題をだして下さったり、教科書や論文を印刷して下さるといった先生方の学生へのご配慮もあり、より理解が深まりました。

【生活】

シンガポールは建国約50年、車で約一時間で国土を一周できてしまう、若くて小さな国ではありませんが、非常に多様な文化が混じり合う面白い国です。そもそも公用語がEnglish、Mandarin、Malay、Tamilの4つあり、道を歩いていてもここが中国なのかインドなのかマレーシアなのかわからなくなるほど様々な人種の方がいます。加えて、イギリス、香港、台湾、オーストラリア、など様々な背景をもつ国からの留学生と過ごした日々には、あらゆる面で学びしかありませんでした。

休日には、NUSの学生、知り合った他国のElectiveの学生、SGHのナースの方々、同じタイミングで留学していた日本人学生と有名な場所は勿論、1か月いるからこそいけるローカルスポットまで様々な場所に遊びに行きました。特にNUSの学生には本当によくしていただきました。というのも、何人かの生徒は過去に大阪医科大学に留学しておりその際に日本人学生によくしてもらったから、という事です。いつも留学生をおもてなしして下さっている中山国際医学医療交流センターの皆様や、国際交流部の部員のおかげで大変快適なシンガポールライフを送ることができました。ありがとうございます。

【最後に】

NUSがアジアトップの大学ということを目撃しましたが、実際、香港や台湾からきた留学生も、NUSを実習先に選んだのはNUSがアジアトップの大学であるからと言っていました。NUSの医学生のレベルの高さは勿論、他国からも意識の高い学生が集まる環境の中で、このような素晴らしい実習生活を送ることができたことは忘れられない貴重な体験でした。その反面、自分の英語力、医学的知識量など足りない部分が如実に浮彫になった一か月でもあり、今回新たにできた友人でもありライバルでもある医学生たちに胸を張ってまた再会できるよう、更に努力していきたいと思います。

最後となりましたが、この留学をコーディネートして下さった先生方、中山国際交流センターの皆様、後押ししてくれた家族、シンガポールで関わってくださった多くの皆様方に感謝申し上げます。本当にありがとうございました。





韓国カソリック大学附属病院での臨床実習を終えて

派遣期間: 2017年4月3日～4月14日
医学部6年生
紀田 基邦

この度は米田教授をはじめ海外での臨床実習に関わってくださった皆様、貴重な経験をさせて頂き有難うございました。

私は4月の前半2週間を韓国カソリック大学附属病院で実習しました。韓国カソリック大学附属病院は形成外科が有名だったので、形成外科を選びました。今回の海外実習の目的は、日本以外の医療を学ぶこと、語学習得もちろんあったのですが、1番の目的は海外での生活を通して、異国の文化に触れて自分の価値観を広げることでした。実習を通して日本と違うと感じた点は形成外科ではまず教授が4人もいらっしやったことに驚きました。日本ではもちろん教授は1人ですので、そこが大きく違う点でした。形成の専門分野でそれぞれ教授をわけているようでした。朝のカンファレンスの後に教授回診でした。日本と違い教授回診は毎日行われていました。教授一人と先生何名かで回るのですが、教授が患者さんの声に親身に耳を傾けている姿に感動しました。日本の回診よりも時間をかけて丁寧に行っているところが魅力的でした。教授が患者さんの病状を英語で説明してくださったので、分かりやすかったです。病棟では病院食にもキムチが添えられていたのが印象的でした。毎日多くの手術が行われており、非常に忙しいような雰囲気でした。手術は腫瘍、乳癌、移植、美容と大きく4分野に分かれていて全ての手術に参加させてもらい貴重な経験になりました。手術の後はレジデントの先生による講義があり、私たち生徒と先生のマンツーマンだったので色々質問もでき和気藹々とし面白かったです。その後は夜7時から8時頃まで時間を決めて図書館や自習室で勉強しました。自習室では、テスト前ということもあり多くの学生が一生懸命勉強していて、その姿に刺激を受けて頑張ることができました。中原君と単語テストをしあったりして医学単語を効率的に覚えました。今思い返すと、日本にいるより全てが新鮮でしたので、メリハリをつけて勉強もできたと思います。ジムが寮のすぐそばにあり、空いた時間で定期的に運動して体も動かし有意義な時間の使い方が出来ました。ジムは学生以外でも利用でき、お昼休みになると職員さんや医師の方も体を鍛えているのが驚きでした。働いていると体を動かす機会も減るので、このように近くにジムがあれば健康にとてもいいと思いました。体を動かすことで脳の回転も良くなるので、日本でも取り入れてほしいと感じました。現地での友達と何度も食事に行き、色々な話をしたこともいい思い出です。

この2週間、海外での実習を通して日本との色々な違いを見ることが出来ました。その違いを通して学んだことをこれからの人生に生かしたいと思います。もう少し低学年の頃に留学をしていれば学生の間にまた留学できたらと少しだけ後悔していますが、医師になってまた機会があればもっと長期で行きたいと思います。この度は貴重な経験をさせて頂き有難うございました。

韓国カソリック大学附属病院での臨床実習を終えて

派遣期間: 2017年4月3日～4月14日
医学部6年生
中原 舜

この度、韓国のカソリック大学附属病院において臨床実習させていただきました。韓国へは何度か行ったことがありましたが、長期滞在ということで少し不安な気持ちもありました。しかし、大学に到着すると病院の大きさ、綺麗で洗礼されているところに、とても気持ちが高まりました。寮も綺麗で二週間とても快適にすごせました。実習では形成外科を回り、手術見学やプレゼンテーションなどとても貴重な経験ができました。その中でも特に印象に残ったこと、日本の病院との違いについて以下に述べたいと思います。

まず、病院全体の印象としては、日本の大学よりも少し忙しい印象でした。韓国の学生に聞くと、例えば胃カメラなどは診療報酬が低いいため、数で稼がなければならないと言っていました。また、カンファレンスの始まる時間、学生の集合時間が毎日7:20ととても早いのに驚きました。カンファレンスでは毎回、入院患者さんにまつわることを若手の医師が論文に基づいてプレゼンテーションをしているのが印象的でした。韓国では医学生の頃から英語の教科書で勉強しているので、日本よりも英語論文が身近に感じる気がしました。その後、回診に行くのですが、形成外科の中だけで教授が四人もおられ、チームごとに回診を行っておられました。より専門が細かいという点でアメリカの制度に近いのかなという印象を受けました。毎日教授回診がある点も日本と違っており、興味深かったです。患者さんへの説明が終わると、僕らにも細かく説明して下さい、どんな質問にも快く答えて頂きました。午前の残り時間と午後は手術見学をしました。同じ時期に研修に来ていたサウジアラビアの先生が英語で解説して下さい、とても勉強になりました。手術が終わると、研修医の方が形成外科の主な疾患についてレクチャーして下さいました。少人数だったのでとても質問しやすく有意義な時間でした。二週目には与えられた症例について英語でプレゼンテーションする機会を設けて頂き、とても良い経験になりました。また、「美容の手術が見たい」など先生に要望を伝えると、快く対応して下さいました。

実習以外では、他の留学生や韓国カソリック大学の学生と交流しました。韓国には日本が好きな人が多く、お互いに日本語や韓国語を教えあったりして、とても楽しく交流できました。一緒にヨイドの桜フェスティバルに行ったり、飲みに行ったり、遊園地に行ったりと毎日が楽しくあつという間でした。アメリカ、韓国、日本の医大生が同じテーブルを囲み、お互いの国の医療や文化、プライベートについて語り合ったのはとても良い思い出です。韓国の人とはとても心優しくて情が深く、それだけでここへ来てよかったと思えるほどでした。テスト前にも関わらず、食事に連れて行ってくれたり、学校の周辺を案内してくれたり、帰りには手紙をくれたりと感謝の気持ちでいっぱいです。

今回の実習を通じて、勉強はもちろん、人間的に学ぶことが本当にたくさんありました。韓国カソリック大学でできた友人たちの心温かい人柄のおかげで最高の思い出となりました。彼ら無しではこのような素晴らしい留学は存在しえなかったと思います。今回学んだことを大切に、今後の医師人生に活かしていきたいです。最後に、このような機会を与えて下さった米田先生はじめとした先生方、中山国際交流センターのスタッフの皆さんや、留学プログラムに関わって下さっている方々に深くお礼を申し上げたいと思います。本当にどうも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プログラムに参加して

派遣期間: 2017年8月13日～8月17日
医学部4年生
鹿野 燎

私はこの夏、ハワイ大学のプログラムに参加させていただきました。少し前にSIMPICに参加させていただいたことが、わたしにとっての初めての留学経験で、今回が二回目だったのですが、全く違った内容で、とても新鮮な経験となりました。

二つとも外国の学生さんと英語を通じて交流できるという点は変わらなかったのですが、大きく異なったのはやはりSIMPICでは、コンペティションの要素が強かったのに対して、ハワイ大学では聴診の練習、PBL、医療面接、注射の練習など、普段学校でやっていることや将来使えることの実践的なことが多かったのも、なんとなくわくわくした感情がわきました。

まずPBLでは、前もって資料は渡されていたのですが、シナリオを全部読んでしまえば面白くないのかもしれないと思い読まなかったのですが、読まなくてよかったと思いました。他の大学の学生さんたちと6人グループでするのですが、やっぱりPBLはみんな同時進行でシナリオの結果を知らずにすることに意味があると思います。シナリオはもちろんすべて英語でわからない単語もたくさんありましたが、患者さんの症状から医療英語の意味を推測するのが楽しかったですし、語幹から日本語の意味が分かる単語もたくさんあったりと、その場に出てきた単語はすんなりと記憶に残っていることもうれしかったです。最近、大阪医科大学ではPBLの必要性が問われていますが、カリキュラム次第で、たとえば科目の全範囲を習った後にあるテストが終わった後のタームであれば、知識も十分な状態でちゃんとしたPBLができるのではないかと感じました。今はまだその科目の授業がすべて終わってない状況や、まだ授業が始まっていない一週目から始めてしまうことで中途半端なPBLになってしまうのではないかと思います。

そして医療面接、実際にハワイのボランティアの方に患者さん役をしていただいて、終了一分前とかのブザーがなったりなど、本当に日本でいうOSCEの英語バージョンそのもので、直前までやりたくないと思うほど、とても緊張しました。私はまだ日本の模擬患者さんに医療面接をしたことがないので、これが初めての体験となりました。始まる前にどのような流れで進めるのかというレクチャーもあり、それに関するプリントもいただいていたので直前によく見てイメージを膨らませていたのですが、実際始まると、やはり患者さんとの対話が大事でした。流れ通りにはならず、しっかり患者さんのおっしゃることを理解しながら流れも考えつつ臨機応変に受け答えすることが、意外と楽しくて、終わった後は、完璧にできたわけではないですが充実感を感じました。これからOSCEの本番をするときに英語でこのようなことを経験したことは確実に自信を持つことができると思います。

また同じく注射の練習は人の体に傷をつけてしまう行為であり、本当に怖かったので、今の自分には正直できないし、しないでいられるのならばたくないなと思っていたのですが、やはり皆がしているのを見ると大丈夫な気がしてきて、できました。針を刺すまでは怖いと思っていたことでも、正しい手順で行えばうまくいくものであることが身をもって体験でき、こういうのは初めに勇気をもって試みるのが大事であると思いました。早めにこのような経験ができたことは自分にとってプラスになったのではないかと思います。おたがいさですが、練習させてくださった方々ありがとうございました。

臨床技能実習のような聴診などの担当の先生は大阪医大の松本浩明先生で、質問などもしやすかったですし、休み時間にお話しさせて頂いたり、たくさんサポートしてくださいました。

そしてやはり留学の醍醐味としていろんな学生と交流することはとても楽しかったです。今回同じプログラムに韓国の学生さんが参加されていたのですが、とてもフレンドリーで優秀な方で、英語でしかコミュニケーションをとれない状況でも、一緒に遊びに行くことができ、仲良くなれたことがうれしかったです。また大阪医大にきていらしゃったり、プログラムのお手伝いをしてくださったハワイ大学の学生さんたちにも食事、買い物、観光など、いろいろな所に連れて行ってくださり、たくさんお世話になり、おもてなしのお心をしみじみと感じました。たくさん話すことでとても仲良くなることができましたし、たくさん笑ったり、彼らのいないことは考えられないほどに大切な思い出がたくさんできたと思います。

今回のプログラムに参加することで今後の自分のキャリアに生かせるような大切な経験ができたと思います。今回の留学に関わってくださったすべての方々に感謝しております。お世話になり、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: 2017年8月13日～8月17日
医学部5年生
芦邊 祐規

この度はハワイ大学の夏期ワークショップに参加させていただき、ありがとうございました。この留学を通して、非常に有意義な経験を積むことができました。

学習面でのカリキュラムとしては、PBL、基本診察、医療面接を英語で行いました。自分がこれまで学んできた内容を英語で学ぶことができ、大変良い経験となりました。

学習面以外でも、ハワイの文化に触れる様々なレクリエーションがありましたが、どれも非常に面白かったです。

中でも一番印象に残ったのはPBLでした。というのも、ハワイのPBLと、大阪医科大学のPBLで、大きな差を感じたからです。

大阪医科大学のPBLは、形骸化が進んでいて、うまく学生の勉強に寄与していないという印象を持っていました。しかし、ハワイの学生に話を聞いてみると、PBLは非常にうまく機能していて、勉強になるとの事でした。

留学中にこのことについて自分なりに考えてみました。築いた点は3つあります。

まず一つに、学生のキャラクターの問題です。

欧米の学生は、学生同士で意見を戦わせたり、発表しあったりすることに比較的抵抗がないのかもしれませんが、現在の大阪医科大学の3.4年生の雰囲気はそうではないと思います。良い発表資料を作成していても、同調圧力に負けて、発表できない学生も少なからずいると思います。長々と発表をする奴は面倒な奴だという声もあります。

二つ目に、学生間でPBLへの参加意欲が全く異なるという点です。

PBL形式の学習に非常に意欲的な学生もいれば、自分で学習するほうが効率が良いと考えている学生もいます。前者はより良いお互いの発表を聞きたいと考えているのに対し、後者は自分で学習するほうが効率が良く、はやくPBLを終わらせたいと考えているので、まったく方向性がかみ合いません。

三つめは、過半数の学生が、その科のPBLが始まったタイミングで、全くその科の知識がないということです。

PBLでは、シナリオから学習項目を引っ張り出して共有するわけですが、PBLが始まった時点では、その科のオーバービューが全くできておらず、そのような状態から学習項目を挙げるのは、効率が悪いのではないかと思います。

以上の点を踏まえたうえで、PBLを効率が良いものとするために

- ① 事前に学生にアンケートを取り、PBLへの参加意欲が同じようなもの同士で部屋を割り当てる
- ② PBLを行う前に、各科のオーバービューとなる講義をする、またはその科の講義を終えた後にPBLを行うなどといった提案が、留学した学生の間で挙がっていました。

ワークショップに参加しなければ、このようなことを話し合うきっかけも全くなかったであろうと思います。なので、今回のワークショップは自分たちのカリキュラムを客観的に見ることが出来たという点でも、非常に有意義であったと思います。

最後になりましたが、今回のワークショップを通して、ハワイ大学の先生方、学生には、大変お世話になりました。ハワイの学生には、ハワイ滞在中に大変よくして頂きました。彼らのおかげで、今回の留学が忘れられない最高の思い出となりました。また何らかの形で彼らにお返しをしたいと思っています。ありがとうございました。



2017年度ハワイ大学夏期ワークショップに参加して

派遣期間: 2017年8月13日～8月17日

医学部5年生

大塚 友貴

今回ハワイのワークショップに参加させていただきました。

ワークショップの学習成果とプログラム内容について述べていきます。

PBLでは積極的に発言していくことが大事であると改めて思いました。ただ発言すればいいのではなく、根拠を含めて、素早く思いついて、すぐに発言することが大事だと痛感しました。PBLは学習者だけでなく教育者のサポートがあつてはじめて成り立つものであると思いました。あと、積極的に疑問に思ったことを発言していくと、質問に答えてくれたり、learning issuesにあげるなどをして、サポートしてくれるので、積極的に発言するといいいことがあるのだなと思いました。PBLの発表については、シンプルに簡単な言葉で例え話を用いて発表すればうまく伝わるとわかりました。そのためには、深く理解しないといけないので大変ですが、日本でも継続していけばハワイ大学のワークショップに参加したときよりできると感じました。禁煙外来の医療面接では、5Aをベースにして自分で質問する内容を考えてメモをしてのぞみました。自分のできたところや、できていないところをひとりひとりモニターでチェックしていただき、何がダメだったのかがわかってよかったです。あと、他人の医療面接をあとでみることで、自分に足りないところはどこか、その人に足りないところはどこかが自分で確認することでわかり、勉強になりました。身体診察についてですが、松本浩明先生に心臓と肺の診察について教えていただきました。4年生のOSCEで勉強しましたし、今行っている臨床実習でも実際にしていたので、再確認になり、復習にもなりました。注射の実習では、筋肉内注射、皮下注射、皮内注射を行いました。どういったときにその注射を行うのか、針のサイズはどうか、注射の仕方などのレクチャーを受けた後に実際に注射を行いました。日本では行ったことがなく、初めての体験で、少し怖かったのですが、どうすればうまく注射が出来るのかがわかるよい機会になりました。マネキンを用いたCPRとVRを用いた気管支鏡と腹腔鏡の実習を行いました、マネキンを用いたCPRは4年生のOSCEで行ったので、Sakai先生がおっしゃっていたことを確認しながら、再度復習しました。気管支鏡と腹腔鏡は日本の実習では行ったことはなく見学しただけだったので、実際に体験できてどのような操作をすればいいのかを勉強しました。あと、ゲーム感覚でしたのでとても面白かったです。

ハワイで経験したことについて書いていきます。

ハワイ大学のワークショップに参加していた日本と韓国の医学生やJABSOMの学生はみんなとても親切でした。この学生達とJABSOMの学生おすすめのレストランで美味しい料理を一緒に食べることが多かったです。あと、JABSOMの学生に車でビーチやハイキングに連れて行ってもらいました。海に行った時は、波乗りの方法を教えてもらい、ハワイらしいことができてよかったです。あと、ハワイの地理、文化、歴史、サーフィンなどについてとても詳しく教えていただきました。日本にはない親切さや優しさがあり、彼らの心遣いに感謝しています。

今後の進路への影響なのですが、今回のワークショップは初めての留学で、普段の旅行では味わえないほど英語で話すことが多い生活で、自分から話しかけていくことで相手も親切に色々教えてくれるし、話してくれることがわかり、日本にいるとき以上にコミュニケーションの大切さを体験いたしました。そのような体験は日本にただでいるだけではできないですし、海外に留学できてよかったなと思いました。今回のワークショップに参加しなければ、学生の間に留学をする機会もなかったと思いますし、もっと早く留学できればなと思いました。将来、医師になった時に留学をしようとなんとなく思っていたのですが、留学ってどういう感じなのかが少しわかってよかったです。今回のワークショップを体験したことで、将来本格的に留学したいという明確な意思をもつことができました。そのために、日本で英語の勉強と医学の勉強を精進してまいりたいと思いました。

最後になりますが、今回のワークショップに参加する際にお世話になりました米田先生、JABSOMのKori-Jo Kochiさん、Sakai先生、松本浩明先生、JABSOMの学生に感謝します。本当に素晴らしい体験をすることができました。ありがとうございます。

ハワイ大学医学部夏期ワークショップに参加して

派遣期間: 2017年8月13日～8月17日

医学部4年生

三岡 俊哉

はじめに

私は8/13～8/17の五日間、南国ハワイ・ワイキキ郊外のハワイ大学医学部の夏期研修プログラムに参加してきました。ここでの経験は私の今後の学習に対する姿勢や人生観を変えるきっかけになりました。

研修内容について

ハワイ大学での日々は朝8:30からのDr.Sakaiのmorning storyから始まります。ここでは先生の自らの経験に基づいた興味深い話が披露され、眠気もすっかり吹き飛びます。さて、その後には続くのはPBL、内視鏡実習、injection practice、聴診実習、英語による禁煙外来、shortness of breathを主訴とする模擬患者の医療面接等々の臨床手技に重きを置いたプログラムの数々です。その中でも特に印象に残ったのは英語による医療面接です。患者さんのshortness of breathがどこからくるのか、いつ始まったのか？ どれくらい続くか？ 胸痛はないか？ 様々な問診を行って、原因を探っていきます。ここで求められるのは総合的な医学知識と患者さんの訴えを聞き、問診を行う英語力です。特に私は英語力の面で不安がありましたが、この実習を通して相手の言うことを聞き、相手に寄り添い、言いたいことを伝える英語が身についたと感じています。このように、日本の医学部での教育は国家試験に合格することに主眼が置かれる傾向にありますが、アメリカの医学教育は将来を見据えた臨床技能やPBLが中心です。日本も教育の内容としてはアメリカと大差ありませんが、学んだ医学知識をどのように現場に生かしていくのか、アウトプットの面でアメリカの教育は優れていると感じました。プログラムを通して、学んだ医学知識を臨床内容と結びつけて学習する国家試験の先を見据えた勉強の重要性を強く感じると共に、私の学習に対する(特にPBL)姿勢を大きく変えるきっかけになりました。

ハワイ大学の学生との交流について

滞在中、学校が終わるとハワイ大学の学生たちは色々なところに私たちを連れて行ってくれ、心を尽くしたおもてなしを受けました。彼らの献身的な無償の愛と親切さに私たちは深く心を打たれ、交流を通して、彼らの能力の高さだけではなく、人間性の高さに対しても尊敬させられました。ハワイはその歴史の中で人的・文化的に日本と密接に関係を持ってきた地域であり、その人間性の高さの中に確かに、ハワイに流れる日本人の血を感じることができました。私も日本人の1人として医者である前に、無償の愛を捧げられる人間性の持ち主であるべきだと強く考えさせられました。

まとめ

私は今回、英語力を磨きたい、アメリカの医学教育を体感してみたいという気持ちで参加しましたが、学習に対するあり方や人間的なあり方などそれ以上に学ぶことが多く、本当に貴重な経験ができました。日本においてもこの経験を生かして、日々将来を見据えつつ勉学に励み、私が理想とすべき医師になれるように邁進していく決意です。また、これからも継続して英語の学習を進め、国際交流を続けていきたいです。

最後になりましたが、今回貴重な機会を与えてくださった米田教授をはじめ、中山センターの皆様、そして、留学中にお世話になったハワイ大学の皆様、本当にありがとうございました。改めて感謝申し上げます。



2017年度8月ハワイ大学留学感想文

派遣期間: 2017年8月13日～8月17日
医学部4年生
川上 明紗美

私は今回の留学で日本にいただけではわからなかったようなことをたくさん学ぶことができました。

まずはハワイ大学に到着してすぐに始まったPBLはすごくハイレベルなものでした。学生の積極性も高く豊富な知識に基づいて様々な視点から疾患が議論されていてPBLがとても内容の濃いものになっていました。受動的に知識を与えられるのではなく同級生と主体的に授業を進めていくPBL授業の内容はとても頭に残りやすく、これが日常的に行われていたら周りのみんなの知識量に追いつくために勉強のモチベーションも上がるだろうなと思いました。日本人は自らが進んで前に出るタイプの国民ではないけれども、だからこそこういった主体性は意識的に見習っていかなければならないなと思いました。

またハワイ大学の実習はとても実践的でした。例えば日本では模型を相手に行っていた注射の実習をこちらでは生身の人間で練習することができました。筋肉注射、静脈注射、皮下注射はそれぞれ注射の角度が異なりそれぞれ違ったテクニックが必要とされます。実際に友達の体に注射したり自らが注射されることで少しだけあった注射に対する恐怖心もなくなり落ち着いて手技の向上に専念することができました。

また外国の模擬患者さんを相手に医療面接を行ったのも私にとってすごく新鮮でした。私は英語にすごく自身のあるタイプではなかったけど英語で医療面接を行うことができたことは今後の自信に繋がるなと思いました。また今回は以前大阪医科大学に留学に来ていたハワイ大学の学生と再開することができるプログラムだったのですが、日本に留学にきていた学生だけでなくハワイ大学で初めて出会った学生達も私達をとて温かく受け入れてくれて彼らの優しさに感動しました。彼らは私達と毎日のように遊んでくれて色々な場所に案内してくれました。そういったなかで私は彼らと様々なことを話しハワイの人が当たり前のよう持っている余裕についてや日本人の改善するべきところなどについて考えを深めることができました。彼らはそういった話をするときにも賢くてこんな尊敬できる友達ができとても嬉しく思います。

今回の留学で得たことを元に今後も勉学に勤しみ、良き医療人になれるよう努力していきたいと思います。このような素敵な機会を与えてくださった、ハワイ大学、大阪医科大学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プログラムに参加して

派遣期間: 2017年8月13日～8月17日
医学部5年生
小川 翔士

まずはじめに、このような素晴らしいワークショップに参加する機会を下さった米田博教授、をはじめとする中山センターの方々に心から感謝申し上げます。

今回のワークショップに参加しようと思った最大の理由は自分の英語力を向上させたかったからです。高校時代から英語が苦手で勉強するのも好きではありませんでした。しかし世界で活躍するには英語は必要不可欠です。英語が話せれば世界中の優秀な人たちと意見を交わすこともできます。大学に入ってからそのような事を考える機会が多くなり、留学もしたいと思うようになりました。英語力があまりにも低かったため不安もありました。しかし、たとえ失敗しても、たとえ英語ができなくて大恥をかいても、そのような自由な挑戦ができるのは学生の間だけだと思ったので、今回のワークショップに参加させていただく事になりました。

ハワイに行ってまず苦労したのが、「聞き取る事の難しさ」つまりリスニング力でした。初日は皆の話すスピードについていくのが本当に大変でした。しかし、2日目の午後くらいから段々慣れてきて少しずつ言っている事がわかるようになってきました。わからない時は周りの日本人が教えてくれて、次に同じフレーズが出てきたときには聞き取れるようになりました。

プログラムの内容に関してはとても充実したものでした。英語でのPBL、医療面接、注射実習は特に良かったです。英語でのPBLでは、自分たちで調べて発表する機会があるのですが、自分の調べたものをしっかり理解し英語で相手に伝えるというのはとても難しかったです。1回目はうまくできませんでしたが、2回目はホワイトボードも使いつつ自分の言葉で説明できるようになりました。医療面接は模擬患者さんから英語で問診を取らなければいけないので大変でした。ただポイントをしっかり押さえてそこに集中して耳を傾ければ必要な情報は何とか拾う事ができました。日本のOSCEで何度か練習していたので、そのときの経験も活かす事ができました。注射実習は今回の実習で一番楽しかったです。2人1組でペアを組んでお互いの腕に注射をうつのですが、日本では学生の時に経験する事ができないので、とても良い経験になりました。初めは怖かったのですが、実際にやしてみると皆楽しそうに打ち合っていて、他大学の学生との親睦も深まりました。

今回のワークショップを通して、日本の他大学の学生とも仲良くなり、たくさん話ができのたはとても良かったです。高い志を持っている人も多く、良い刺激を受けました。また、英語力の高い人が多く、英語の勉強法などもたくさん聞くことができ、得ることが多かったです。このワークショップを終えてもっと英語を勉強したいと思うようになりました。今回学んだことを活かして英語を勉強して、また海外留学に行こうと思います。

2018年春（2017年度）ハワイ大学WSプログラム

The March 2018 Learning Clinical Reasoning Workshop A Program of the John A. Burns School of Medicine Office of Medical Education				
Monday, March 19	Tuesday, March 20	Wednesday, March 21	Thursday, March 22	Friday, March 23
9:00-9:30 am Welcome & Workshop Overview Dr. Onori & Dr. Sakai	9:00-9:15 am Morning Stories Dr. Sakai	9:00-9:15 am Standardized Patient Exam 2: Briefing Dr. Sakai	9:00-9:15 am Morning Stories Dr. Sakai	9:00-9:10 am (304) Morning Stories Dr. Sakai
9:30-11:00 am Chest Pain & Cardiac Exam: Preparation for Manikin Simulation 1 Dr. Onori	9:15-11:15 am Shortness of Breath History Taking & Physical Exam: Preparation for Standardized Patient Exam 3 Dr. Murai	9:30-10:00 am Group A Standardized Patient Exam 2: Delivering Bad News Observers: Dr. Fong, Dr. Murai	9:15-10:15 am Group A (Sim Lab) Manikin Simulation 1 Adult Dr. Sakai	9:30-10:20 Group A (Sim Lab) Manikin Simulation 2 Adult Sims Dr. Sakai
11:00-11:30 am Group A (Sim Lab) Continuing Preparation for Manikin Simulation 1 Dr. Sakai	11:15 am - 12:00 pm Lunch on own	Group B Cultural Activity: Hula Kumu Jessica Wamoth	Group B Manikin Simulation 1 Pediatric Dr. Murai	Group B Virtual Procedures Dr. Fong & Dr. Moreau
11:30-12:00 pm Group B Communication Skills Practice: Chest Pain with JABSOM students	12:00-12:15 pm Standardized Patient Exam 1: Briefing	10:10-10:40 am Group A Cultural Activity: Hula Kumu Jessica Wamoth	10:20-11:10 am Group A Virtual Procedures Dr. Fong & Dr. Moreau	10:20-11:10 am Group A Virtual Procedures Dr. Fong & Dr. Moreau
12:00-12:15 pm Group B Continuing Preparation for Manikin Simulation 1 Dr. Sakai	12:30-1:00 Group A Standardized Patient Exam 1: Smoking Cessation Observers: Dr. Fong, Dr. Murai	Group B Standardized Patient Exam 2: Delivering Bad News Observers: Dr. Fong, Dr. Murai	Group B (Sim Lab) Manikin Simulation 1 Adult Dr. Murai	Group B (Sim Lab) Manikin Simulation 2 Adult Sims Dr. Sakai
12:15-1:15 pm Tour of the MEB with JABSOM students	1:10-1:40 pm Group A Cultural Activity With JABSOM students	10:50-11:20 am Standardized Patient Exam 2: Delivering Bad News Observers: Dr. Fong, Dr. Murai	11:20 am - 12:20 pm Lunch on own	11:15 - 11:45 am Wrap Up & Evaluation Dr. Sakai
12:15-1:15 pm Welcome Lunch with JABSOM students	2:00-2:30 pm Standardized Patient Video Review & Debriefing Dr. Sakai	12:30-2:10 pm Triple Jumps & Debriefing Dr. Fong, Dr. Murai, Dr. Sakai	12:30-1:00 Shortness of Breath Patient Exam Briefing	12:00 pm Shuttle bus to Aloha Lunch
1:15-2:15 pm Discussing Smoking Cessation: Preparation for Standardized Patient Exam 1 Dr. Sakai	2:30-4:00 pm Delivering Bad News: Preparation for Standardized Patient Exam #2	12:30-2:10 pm Triple Jumps & Debriefing Dr. Fong, Dr. Murai, Dr. Sakai	1:15-1:45 pm Group A Cultural Activity	12:30-2:30 pm Aloha Lunch The Willows
2:15-3:15 pm Injection Clinic Dr. Onori		12:30-1:00, Case 1 1:05-1:35 pm, Case 2 1:40-2:10 pm, Case 3	Group B Standardized Patient Exam 3: Shortness of Breath Observers: Dr. Fong, Dr. Murai	2:45 pm Return to lodgings by shuttle
3:20 pm Group Photo MEB front steps			2:40-3:10 pm Standardized Patient Video Review & Debriefing Dr. Sakai	

Updated: 3/12/18

2018年春期ハワイワークショップを終えて

派遣期間: 2018年3月19日～3月23日
医学部4年生
川村 深仁

今回ハワイのワークショップに参加させていただき、日本の医学教育とアメリカ(JAMSOM)における相違点を感じたり、日本では体験できないような経験をさせていただいた。

JABSOMに通学初日、今回のワークショップ参加者が12人であると知り、例年だともう少し多いと聞いていたので驚いた。しかし、初日から行われた注射の実習で実際に打ち合ったりする中で、仲が深まったし、また参加者の1人が、幼少期にファロー四徴症の手術を行った人だったので、聴診の実習で通常所見とは違う心音が聞けたりと、初日から貴重な経験の連続だった。さらに、春期ワークショップに参加した学生に、「春はJABSOMの学生は学校があり、あまり触れ合う機会がない」と聞いていたから少し残念な気持ちでハワイに訪れていたが、私たちが行ったときは偶然たった1週間だけあるspring holiday中で、ハワイの学生で次に日本に留学に来る学生のほとんどが、休みを利用してきてくれて、ハワイの店や大学周辺を案内してくれたり、車でビーチまで連れて行ってくれたりしたので、日本人学生同士はもちろん、ハワイの学生ともとても仲良くなって、本当に幸運な時に参加できたなと、つくづく感じた。

ワークショップにおいては2日目から授業が始まり、4年生までで習った内容の復習にもなったし、日本授業ではあまり扱わないような、がんの宣告方法や、禁煙外来をどのように禁煙までもっていくかなどを、実習として模擬患者をたてて医療面接形式でやらせていただいたのは、とても印象に残った。また、PBLの演習は日本のものと方法が異なっていたのに驚いた。本学では情報量の少ないシナリオが1枚ずつ配られ、それについての事実、必要事項、仮説、学習項目をあげていき、次のシーンの紙が配られ、それが続くにつれて情報が増していく、というもののだが、JABSOMのPBLは、配られるシナリオは1枚だけで、そこに記載された情報をもつ患者さんについての関連情報や必要事項などをチューターから聞き出していき、そこから疾患を推定、診断していくというものであった。日本のPBLは、ある程度知識がないと1枚目のシナリオで仮説を立てるのは難しく、ある情報に意識が集中しすぎて誤った診断をつけてしまう時もあったが、この方法なら自分たちが聞き出した情報から絞っていくから、初めから先入観なく事実を仮説に結び付けることができるから、いいやり方だなと個人的に感じた。

最後に、このワークショップを通して、初めは英語力やコミュニケーションの取り方など、不安に感じることも多く、特に医学を英語で学ぶのは難しいのではないかと考えていたが、JABSOMのドクターたちはみんなわかりやすい英語でわかりやすい授業をしてくださり、何か困っていることがあればすぐ助けてくださったので、本当に最初から最後まで楽しくて身になるワークショップの経験をさせてくださり、感謝でいっぱいであるし、またJABSOMの学生も、わずかな休暇のほとんどを私たちのために捧げてくれて、ごはんの企画をしてくれ、最終日の土曜日にはその中の1人の学生のお宅に招待していただき、みんなでごはんをごちそうになった後、ハイキングに行くなど、このワークショップに参加していなければ経験しなかったであろう経験をさせていただいて、予想以上に素晴らしい思い出になった。今夏、ハワイの学生が日本に留学に来る際には、みんながもてなしてくれた以上のもてなしができたらと思う。また、このワークショップの実習で得た知識は、日本の実習においても活用していけるもので、大学のシュミレーション室では普段練習できないようなシュミレーターを用いた演習もできたので(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)、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、様子を思い出せるように勉強していきたいというモチベーションにもつながった。



春期ハワイ大学のワークショップを終えて

派遣期間: 2018年3月19日～3月23日
医学部4年生
岡本 真由

私は春期のハワイ大学のワークショップに参加させて頂きました。私がこのワークショップに参加した理由は、日本とアメリカの医学教育の違いを知ること、日々の学習に活かせることがあると思ったからです。

今回ワークショップに参加してまず思ったのは、とにかく自分でやってみることが授業の前提にあるということです。始めの授業の日から、したことのない筋肉注射と皮下注射を学生同士でさせてもらえました。私の場合は他大学の学生さんに初めて会った日にさせてもらう事になったので、お互いにとても緊張しましたが、2人とも上手くすることが出来ました。注射を打ったことがなかったので、苦手意識がありましたが、克服することが出来ました。マネキンを使ったシミュレーションでは、マネキンが症状を訴えて、それに対してみんなで考えて、問診を進めていき、聴診や触診をして、治療まで進めていくというもので、勉強していった知識を実践的に使えたので、とても楽しかったです。また、リーダーを決めて、その人を中心に進めていくのも、チーム医療をする上で必要な練習だと思いました。また英語で実際に模擬患者さんに医療面接を行う授業もあり、自分の英語力でちゃんと出来るだろうかと不安でしたが、言うべきセリフが事前に教えられていたので、なんとかこなす事が出来ました。あとで、先生からの確かなアドバイスをしてもらえたことがとても良かったです。日本と一番違うなと感じたのは、PBLの授業です。先生だけがシナリオを持っており、みんなで仮説、必要な検査を上げて行き、それに対して先生が結果を教えるという進め方でした。シナリオが配られないことで、診断にたどり着くまでにどれだけ多くのことを考えないといけないかということが分かり、とても勉強になりました。

授業の他にも、カルチャータイムというものがあり、ハワイの学生とレイを作ったり、スパムおにぎりを作ったり、フラダンスを習ったりしました。ハワイの学生はみんなとても親切にして下さり、放課後も毎日のように一緒にご飯を食べに行ってくれました。授業が早く終わった日には、海に連れて行ってもらったり、日本の学生とハワイの学生みんなでカラオケに行ったり、授業が終わった後もとても充実した時間を過ごすことが出来ました。ワークショップに参加するまでは、あくまで勉強をしに行くのが目的だと思っていましたが、授業中は日本から来た他大学の学生と常に共に頑張っているのも、とても仲良くなれ、カルチャータイムや放課後もハワイの学生とお話する機会が多く、交友関係がとても広まったことがワークショップが終わった今一番大きな成果だったと思います。大阪医大に留学生の方が来た時には、私も自分がしてもらったように、おもてなししようと思います。

今回の留学に関わってくださった全ての方に感謝の気持ちでいっぱいです。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プログラムに参加して

派遣期間: 2018年3月19日～3月23日
医学部4年生
安田 果歩

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今回の留学に関わってくださった全ての方に感謝の気持ちでいっぱいです。ありがとうございました。



SIMPICに参加して

派遣期間: 2018年3月16日～19日
医学部4年生
三岡 俊哉

SIMPICとは SIMPICとはSiriraj International Medical Microbiology, Parasitology & Immunology Competitionの略であり(日本語で言うなら微生物学、寄生虫学、免疫学の国際学生コンペティション)クイズ形式で順位を決める国際クイズ大会である。今年は、インド、バングラデシュ、スーダン、インドネシア、マレーシア、フィリピン、タイ、台湾、中国、日本の10カ国が参加し、マヒドン大学シリラート病院で開かれた。このSIMPICの驚くべきことは、参加者の募集、登録、問題の作成から大会の運営に至るまで、全て2年生を中心に1?6年生の学生が行なっているということである。この運営のノウハウは先輩から後輩に受け継がれていくらしく、低学年のころからこのような国際大会の運営に携われることはとても貴重なことだと思う。私はこのSIMPICにObserverという形で参加させて頂いたので、そこで感じたことを述べていきたいと思う。

SIMPICを通して感じたこと 私は今回、本学から夏期ハワイワ大学ワークショップから2回目の派遣であり、前回は日本とアメリカの医学教育制度の違いを感じたが、今回もとても感じたのは、日本と東南アジア諸国との文化や考え方の違いである。イスラム圏の学生との交流を通して、彼らの信仰の厚さや彼らが大切にしていることを身近に感じる事ができたし、タイやフィリピンの学生からは日本に対する親しみの心を感じる事ができた。当たり前なことなのかもしれないが、それぞれの国にはそれぞれの文化があって、その国の考え方があるのだという事を実体のあるものとして感じる事ができ、私の世界観を大きく変える4日間になった。これは医学についても言えることで、日本人にとって難しく思える感染症や微生物も東南アジアやインド圏の国々ではごくごく身近な問題である。たとえば、日本ではあまり馴染みのない顎口虫症も淡水魚を日常的に食する習慣のある東南アジア諸国ではごく一般的であり、インドネシアの学生によるとボルネオ島の田舎などではこれが原因で失明する人も一定数いるそうである。このように環境が違えば医学も異なるのであり、今後、日本チームがSIMPICで活躍するには、東南アジア諸国の環境を知ること大切なのではないかなと思った。

最後に 開会式で前に掲げられる日本の国旗を見たときに、私も日本代表として戦いと思った。今回observerとして感じた経験をもとに、医学、語学共に勉学に励んで、是非とも来年はcompetitorとして参加したいと思った。最後に、このような貴重な経験を提供してくださった。中山センター、米田教授をはじめ関係者の皆様にお礼申し上げます。本当にありがとうございました。

SIMPICに参加して

派遣期間: 2018年3月16日～19日
医学部2年生
小原 圭由

昨年度9月よりSIMPICというタイで行われる医学生の大会があると先輩から教えていただき、参加することに決めました。しかし学校での免疫学や微生物学の授業はまだ始まっていないだったので、すべて一からの勉強になりました。まずは免疫学がわからないと感染症を理解し難いということで、先輩方に手取り足取りで免疫学を教えていただきました。それにかなり時間を使ってしまったということもあり、微生物・感染症の勉強を始められたのは12月ごろでした。冬休み中にUSMLEの問題集などを自習し、冬休み明けにみんなで解説をし合い、確認テストを行って、微生物に関する知識を増やしていきました。代々大阪医科大学で受け継がれているSIMPICの過去問などにも取り組み、一通り勉強した後には予選は突破できるであろうという自信がつくまでにもなりました。そのころ突如SIMPIC側から予選問題の形式変更が発表されたため、臨床問題のテキストを用いてさらに知識を強化し、日本ではマイナーな寄生虫の卵や幼虫についても学習しました。

タイに到着すると、まずはホテルでマヒドン大学の学生たちが出迎えてくれ、受付などを済ませました。翌日予選テストを受けました。大学に入ってから今までは学校での試験しか受けてこなかったため、クイズ大会は自分にとって初めての経験であったため非常に緊張しました。試験の内容を見ると、相当勉強していったのにもかかわらず、知らない微生物や病態などが見受けられ、ショックを受けましたが、ここで下手ってはいけないと思い、敗者復活戦に備えて復習を重ねました。

日本のチームは大阪医科大学以外からは岐阜大から1チームの出場があったため、過去問作成の協力や情報共有などを行い、親交を深めることができました。

SIMPICの4日間はクイズだけでなく、民族ダンスやムエタイショー、民族ファッションショー、ミュージカル、観光やゲームアクティビティ、パーティーなど参加者をおもてなしする想像をはるかに超えたイベントでぎっしりでした。どれもマヒドン大学の医学部生が企画したものだったのですが、そのクオリティーの高さ・規模の大きさは決して日本の学生にはできるものではないと感じました。

このような企画・規模の盛大さに圧倒されながら、タイのみならず、マレーシアやスーダンからの参加学生と会話し、海外の学生のモチベーションの高さやさまざまな文化に触れることができました。大阪医科大学では毎年沢山の留学生を迎えています。そこで培った会話力は非常に役立ちました。現代ではSNSが発達しているため、簡単にコンタクトを取ることが可能です。FacebookやInstagramで友達になり、SIMPIC終了後も日本に遊びに来てくれた時に食事を一緒にしたり、観光をしたりと、SIMPICでは医学知識やモチベーションだけでなく、かけがえのない医学の仲間たちを得ることができました。

近年は日本人は内気で外界に対して億劫な学生が多いように感じます。SIMPICは世界の学生たちと触れ合うことを通してより国際的で開けた視点を持ち、良い医療人へと成長する唯一無二の大会だと感じました。来年度は、指導者またはコンペティターとしてSIMPICに参加・応援をしたいと思っています。また、これからも大阪医科大学が途切れることなく、毎年SIMPICへの参加者があることを祈ります。



SIMPICに参加して

派遣期間: 2018年3月16日～19日
医学部2年生
中居 薫花

私は2018/3/16～3/19、バンコクに位置するマヒドン大学医学部キャンパスで開催されたSIMPICに、大阪医科大学チーム、チームNaotoのメンバーとして参加してきました。

SIMPICとはSiriaj International Medical Microbiology, Parasitology & Immunology Competitionの略で、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です。

チームNaotoは1学年上の青山先輩率いる、私と同回生の恵美さん、小原さん、私で構成されており、各々飛行機の便は違えど、メンバー全員が3/15の夜には、SIMPIC側が手配するホテルに到着していました。今年は青山先輩がSIMPIC 2回目の参加だったので、去年青山先輩のチームに付いてくれたマヒドン大学の学生3名とチームNaotoの4名で、美味しい晩御飯を求めてレストランに行きました。私は今回がはじめての海外ということもあり少し緊張していましたが、彼らの親しみやすい人柄と食べたタイ料理が美味しかったことも相まって、すぐにタイに馴染むことができました。翌日3/16は参加登録のみであったので、午前まで授業だという3人と13時にマヒドン大学医学部キャンパス内で待ち合わせをして、お昼ご飯とマンゴーかき氷を食べに行こうと約束して別れました。

3/16、大会初日。約束の13時にキャンパスに着き、彼らと昼食を共にしました。その後、大学近くに位置するマーケットを通り抜けて、マンゴーかき氷が美味しいと評判のカフェに向かいました。一行は船で向かう予定でしたが、私は乗り物酔いがひどいので、マヒドン大学の学生1名と恵美さんと共にトゥクトゥクに乗り別ルートで向かいました。タイのかき氷はココナッツミルクで甘く柔らかく炊いたもち米が入っていましたが、そのもち米がマンゴーの甘味を引き出しとても美味でした。かき氷を食べた後はホテルに戻り、参加登録の手続きを行いました。無事に参加登録を終え部屋に戻りふと窓に目を向けると、バンコクの街並みが一望でき、改めて私はタイに来たのだな、と実感しました。そして景色を眺めながら、心の中でそっと、明日から始まるコンペティションに5ヶ月間準備してきたことをぶつけるぞ、と決意しました。

3/17、大会2日目。いよいよ1次予選が始まります。まずは初戦を制すべく会場に向かいました。1次予選はCase-Based Examinationとパソコン画面に表示された60問の多選択式問題に対してマークシートで回答するMultiple-Choice Question Examinationの2つのパートで構成されており、Case-Based Examinationはチームで、多選択式問題はそれぞれ個人で挑むルールとなっていました。それぞれのクイズが得点に占める割合は35%、65%とねっており、チームの合計得点で上から順に上位20チームが2次予選に駒を進めることができます。今大会の参加チーム数は61チームなので上位1/3に入れば、1次予選を突破することができます。いよいよ本番、少しの緊張と高まる鼓動を胸にクイズに挑みました。1次予選が終わって試験会場を出ると昼食が用意されており、各チーム昼食をいただきながら各々期間中面倒を見てくれるマヒドン大学の学生(1チームに学生2、3名の割合)と顔を合わせ、互いに自己紹介を行いました。私たちのチームには2回生のBamとFrankが付いてくれました。

昼食を終え、お腹が落ち着いた頃には、全61チームを医学部キャンパス内にあるシュミレーションセンターや博物館、資料館に案内してくれるプログラムが待っていました。それぞれの施設を見学していく中で、特に寄生虫博物館は本大会のメインでもある寄生虫や寄生虫に感染した人の臓器等が収められており、紙面や図表で学んできた私たちに本物だ、と言わせる感動がありました。また寄生虫博物館と同じくらい私の心に残ったのは、解剖学博物館でした。人の血管や神経の走行を美しいな、と思って眺めているうちに、見学終了時刻が来てしまったのがすごく残念でした。解剖検体が目に見える形で部位を変え、断面を変え展示されているのが興味深く、紙の教科書では描けない実物の資料が何百、

何千とあるのは、ずっと見ていられる、と思わせると共に、医学を学ぶ上で最高の環境だな、と思いました。各施設を見終えてあたりが薄暗くなった頃、全員で綺麗なホールに移動しました。ホールにて開会宣言をした後、マヒドン大学の学生によるタイの伝統舞踊、ムエタイ、ミュージカルを鑑賞し、その後開催される船上パーティーに移動しました。

私は重度の船酔いのためパーティーには参加できなかったため、別のマヒドン大学の学生にホテルまで送ってもらいました。部屋に着いて今日あった濃密な体験を振り返り、眠りにつきました。3/18、大会3日目。この日はコンペティションがなく、9時～15時までタイ観光、その後は少し休憩を挟んで、“Thai Village”というイベントを楽しみました。まずは午前のタイ観光、これはオブザーバー含めSIMPICに参加した人全員が運営側が準備してくれた4つのルートの中から1つを選んで、タイを満喫するというものでした。私たちチームNaotoはルート4の水上マーケットを選んだので、ホテルから水上マーケットまでバスで移動し舟に乗り込んで舟から眺めるマーケットの景色を楽しみました。

繰り返しにはなりますが、私は重度の乗り物酔いで舟に乗ることができなかったため、みんなが舟に乗っている間はFrankとショッピングやカフェを求めて水上マーケットを探索しました。舟に乗れないのは残念でしたが、Frankと2時間ちょっとのデートを楽しむことができたのはとても良い思い出です。岸辺に舟が戻る頃には、またみんなと合流し、タイの屋台料理を食べて談笑しました。楽しい時間はあっという間に過ぎるもので、最後にルート4を選択した参加者全員で写真を取りました。

写真を撮った後は、再びバスに乗り込み大学まで移動しました。到着した頃には他のルートを選んだ人達がまだ帰ってきておらず、次の“Thai Village”というイベントまで時間があつたので、Frankに頼んでSiriaj病院のsouvenir shopとマヒドン大学医学部キャンパス内と大学図書館を案内してもらいました。

マヒドン大学の図書館はどのようなものか、と期待して入館したものの、図書館内にある教科書は本校にあるものとほとんど同じで、本数、書籍数も大差ないことから、本校の図書館も学習環境は最適で、利用者当人の問題なのだと戒められました。図書館から集合場所に戻る頃にはほとんどすべてのチームが揃っていたので、順次イベント会場に向かいました。“Thai Village”ではイベントが前半と後半に分かれていました。まず前半ですが、SIMPIC参加者を3チームに分け、各チームがYes, No Questionやサックレースといったゲームを行います。それらのゲームを行うと、その出来によってアイテムが与えられます。そのアイテムを持って最終ゲーム、風船割りに挑みます。風船割りのルールは単純で、全員が1人1つずつ自分のチームの色の風船を足首に巻き付けます。自分のチームを除く2チームの風船をできるだけ多く割り、自分のチームの風船をできるだけ多く守れば守るほど勝利に近づけます。ゲーム終了時に残った風船は1つ1ポイントとして計算され、アイテムを所持していた人の風船が割れていなければボーナス特典が加算されます。合計得点の最も多いチームが優勝となります。風船割って子どもの遊びじゃないか、と感じられるかもしれませんが、これがびっくりするくらい盛り上がります。SIMPICに参加している人はおそらく全員が20歳を超えているのですが、みんな一心不乱に相手の風船を割りにそして自分の風船を守ります。切り込み隊長になる人もいれば、仲間を防衛する人もいます。同チームで固まり相手チームの攻撃を阻止する人たちもいれば、複数人で奇襲を掛ける人、奇襲が失敗して風船を割られる人もいます。体を使う遊びを通して、“Thai Village”の前半が終わる頃には、お互い名前も知らなかったのに、みんな仲良く会話し笑い合いそして握手をしています。

またブースのみならず、会場の入口付近には、参加者1人1人の名前と顔が書かれてある封筒がズラツと横並びに吊るされていて、その付近においてある紙とペンでメッセージを記入し、誰でもメッセージを届けることでコンタクトが持てるようになっていました。前半のイベントで子ども見たくはしゃいで、はじめましての人にも話しかける勇気を得た私は、会場に居合わせた人と沢山コミュニケーションを取ることができました。今でもSIMPICに参加した友人からFacebookを通して直接手紙をもらうことがあります。クイズを通して強くなるのはもちろん、場を決して無駄にせず、人と人がつながる場へと作り上げていくマヒドン大学学生の知性と行動力そして心遣いを、大会全日程を通して至るところに感じ、ひどく感動しました。

3/19、大会最終日。私たちチームNaotoは敗者復活戦会場に居ました。敗者復活戦はパソコン画面に表示されたTF問題40問を30分で解くというものでした。チーム個人で全員が挑み、正解すれば1ポイント加算、間違えれば1ポイント減点の得点方式で、敗者復活戦全受験チームの中から上位8チームが2次予選へと復活することができました。敗者復活戦を制したチームの発表は2次予選の開始直前で、蓋を開けてみるとそこに大阪医科大学のチーム名は2チームともありませんでした。



SIMPICに参加して

派遣期間: 2018年3月16日～19日
医学部4年生
菅野 孟

SIMPICに参加した私たちチームNaotoは大会当日までの約5ヶ月間、週に2回の頻度で毎回昼休みに勉強会を行っていました。免疫の仕組みを体に叩き込み、USMLEのMicrobiologyの問題集とUSMLEのMicrobiologyに関するCase問題集、そして存在するSIMPICの過去問を解いて準備してきました。出発前の数週間は勉強会を1回3～4時間行い、実力を悔いなくぶつけられるよう準備してきました。チーム全体ではLINEで問題を出し合ったり、微生物のまとめ一覧表を新たに作成して共有したりとできる限りのことはメンバー全員がしていましたし、私個人ではこの5ヶ月でノート7冊280ページを作り、USMLEの問題集は3周しました。それでも1次予選すら突破できなかった要因としては、微生物の知識が0の状態から1つずつ網目を構築し知識網を作ったつもりが、SIMPICに標準を絞るとその網の目が荒く脆く浅いものであったからと言わざるを得ません。SIMPICに出題されるクイズの数々のほとんどが、日本の医師国家試験、アメリカのUSMLEのレベルを超えているからです。日本語で書かれている教科書を使っているようでは、優勝はおろか初戦すら突破できない状況だと痛感しました。なぜなら日本は衛生環境水準が他の国と比べて非常に高く、日本で暮らす分には他の国ほどの網羅的かつ深い微生物学の知識を必要としないからです。この5ヶ月間、ただただ何もない状態からスタートした私たちにとっては、微生物に慣れ医学単語に慣れるので精一杯でした。今後SIMPICに参加し爪痕を少しでも残すとするなら、英語の教科書、問題集を使うのは最低条件として、自ら難易度の高い問題集を探し、螺旋階段上に知識を深めていくのが必要不可欠だと思います。

決勝戦まで見届けた後、私は飛行機の時間が差し迫っていたので、期間中面倒を見てくれたBamとFrankに別れの挨拶をしてタイを旅立ちました。

SIMPICはマヒドン大学医学部の1回生～3回生がほとんど丸1年掛けて、大会参加者を迎え入れるために準備をしてくれます。大会井そのものの内容は本当にどれをとっても素晴らしく、そこに参加する機会が持てたことは感謝してもしきれません。海外に行ったことがなかった私としては今大会に参加することで、食わず嫌いで自分の外側に広がる世界を想像で補填しなかった意味も大きいと思っています。自分の想像ほど勝手に独りよがりな閉鎖的なものはないからです。与えられたものは両手でも有り余るにも関わらず、たくさんの思い出の中に見え隠れするのは、どんな分野にしても自分の方法がまだまだ形をなしていないということでした。限りある時間の中で時間を生み出すには、すべきことをブロック状に上手く切り分けていくことが必要不可欠です。その生み出した時間で、バラバラな事象や物、人を繋ぐ網の目の間をいかに隙間なく詰めていくかが今後の私の一生課題だと思います。SIMPICに全力でぶつかるという経験を通して、自分を見つめ直す機会が持てたことは私の糧となっています。基本的に根が怠慢な私ですが、そんな自分を受け入れつつ方法を模索しながら、後で振り返ったら過去の自分よりはマシになっていた、というそんな未来を思い描いて残りの学生生活を楽しみたいと思います。

私は2018年の3月の半ばSIPICにオブザーバーとして参加させていただきました。その経験をもとに今後SIMPICへ行かれる方のために参考程度になればと思い感想文を書きます。まず、SIMPICへ行ったことによる学習成果ですが、SIMPICに参加しているアジア圏の学生のレベルが非常に高く、英語を流暢に話す学生が非常に多いので、とても英語の学習になると思います。英語のスピーキングは僕自身あまり経験がなかったのですが、日本語を軽く理解し、日本文化について知っている学生もいたため、話題に事欠かず楽しく英語を話すことができ、英語力の向上になったと思います。英語力の向上以外での学習成果でいうとこのSIMPIC本来の目的である微生物学の知識について見識を深めることができたことだと思います。日本では公衆衛生が発達しているため、感染症とはあまり縁がなく、医学生も軽しか勉強しません。しかし、SIMPICではその微生物の知識について深く広く聞かれるので、オブザーバーとして参加しても微生物学の知識について改めて新しい知識を習得できたと思います。今回参加してSIMPICで経験したことは、先ほど述べた勉強の側面だけではなく、初めて行くタイの文化や食べ物などその他諸々のものも満喫することができました。SIMPICのプログラムの一部に伝統的なタイ文化をマヒドン大学の学生がツアーと一緒にまわってくれるというイベントがあり、そこでタイの伝統的な寺院などを観光してタイ料理を食べたのが今でも印象的です。

またSIMPICのプログラムに関して言うと、まず初日は一回戦があり、その後のディナーは船上での大変豪華なものでした。2日目はタイの伝統的な観光場所をツアー形式でマヒドン大学の学生と一緒にまわりました。その都度、そこがどういう場所なのかを解説していただきとても勉強になりました。最終日は予選を勝ち上がった大学で決勝戦が行われました。一回戦を勝ち上がってきているだけあって、とても見応えがあり白熱した戦いでした。最後はFarewell Partyがありタイを去るのが名残惜しい気持ちになりました。

このSIMPICに参加したことにより、僕はさらに英語を勉強したいという気持ちになりました。医師になって海外でキャリアを積もうというのはとても早急な話ですが、まずは学生のうちに英語や海外の学生のレベルを学びに行けるだけ留学に行きたいなと思うようになりました。今、来年参加しようかと悩んでいる人はとりあえず何も考えずに行ってみたら、とてもいい体験ができると思います。



SIMPICを経て

派遣期間: 2018年3月16日～19日
医学部4年生
柴田 知映

わたしはこのSIMPICを経てマヒドン大学の学生とSIMPICの運営にとっても感銘を受けました。そのことについて書いていこうと思います。私はSIMPICで初めてタイに行きました。なので、タイがどのような国でどのような学生と交流できるのか不安と期待感で胸がいっぱいで迎えました。タイのマヒドン大学に着いた時は10カ国もから学生が参加し、約300人の学生がいました。受付でわたしは英語を話すのが得意ではないので、動揺していた時、SIMPICの学生が優しく話しかけてくれ、不安を取り除かれたと同時にSIMPICの運営にどれほどの学生が関わっているのか驚愕しました。そして、まず1日目。SIMPICのfirst roundです。わたし達は直前の夜もみんなで集まり勉強していたので、それらを発揮しようと自負していました。しかし、テストは相当難しく、愕然としたと同時に自分の英語力のなさを再確認しました。その後、わたし達を案内してくれる学生に会い、1人は英語しか話せないタンニャ、もう1人は日本語を話せるベストで、初めは私たちも緊張していました。しかし、タンニャとベストは緊張しているにもかかわらず気さくに話しかけてくれ、私たちも心がほぐれたような気がします。オープニングセレモニーは船の上で色々な国の学生と交流しながらご飯を食べ、また初めてのタイの景色は最高でした。sirirajを案内してもらい、その大きさと設備に感激しました。というのも、学生が勉強出来るような設備が整っていたからです。

それは2日目にわかったことなのですが。そして、2日目。タンニャとベストが案内してくれ、ワットアルンという寺院の観光はその王宮の壁の細かさに驚かされました。また、博物館に行き、タイの歴史や建物や食べ物、普段着の歴史について、タンニャが教えてくれ、英語がどうしてもわからない時はベストが言っていることが教えてくれるというすごく良い環境で観光できたことに感謝しかありませんでした。その後、アクティビティでは参加している学生とともにタイの伝統的な運動会みたいなものをしました。そこでは参加しているタイの学生と交流でき、タイの学生が昔からしている遊びなので、簡単だよと教えてくれ仲良くなれました。その後、その仲良くなった学生と一緒にマヒドン大学の学生が出してくれている屋台でご飯をたべ、射的や輪投げ、ストラックアウトで点数の取り合いをしてそれも楽しくて、その学生達とかけがえのない時間を持つことができました。3日目。わたし達はfirst round敗退だったため、revival roundでした。そこでもわたしの英語力のなさが露呈した気がします。revival roundの結果、敗退。しかし、昨日仲良くなった学生がrevival roundに出場し、わたしは自分のことかのように嬉しかったです。second round、semifinals、finalsはクイズ番組を見ているようで、マヒドン大学の学生が司会、その司会者の英語が流暢であるのと、他の国の学生が戦っているのを見て、圧倒されたのと自分がどれだけ無力かということに鳥肌が止まりませんでした。ついにfarewell party。そこは写真や光る腕輪や、あるライトで照らすと光るペイントなどいろいろなアクティビティと、バイキング。前の日に仲良くなった学生とも話し、また顔や手に書くペイントを迷っていると参加している学生が話しかけてくれ、ダンスがあるから一緒に踊ろうと言ってくれました。わたしは不安でしたが、その学生たちがずっと一緒にいてくれ、何年生？や今なんの勉強しているのか、や本当に色々なことを話しました。同じ医学生として共通点など見つけられ楽しかったです。そこで気づいたことは日本の文化がアニメであること、また日本の食べ物はすごく人気でした。忘れられない一日になりました。というのも、この日、わたしは誕生日でした。タンニャとベスト、そして一緒に戦ったチームメイトがサプライズで祝ってくれ、たくさんの学生にハッピーバースデーといわれ、本当に嬉しかったです。

このSIMPICで得たことはたくさんあります。自分の英語力の無さ、また勉強をしてもしすぎることは無いということ、また観光、アクティビティ、屋台、バスの手配、ホテルの手配、様々なことをマヒドン大学の学生がもてなしてくれ、色々な人が協力してSIMPICを運営できているのだなと思いました。そして、私たちのチームを引っ張ってくれたタンニャとベストに一番にお礼を言いたいです。直接、言いましたが、言い切れないほど、いろいろなことをしてもらいました。なので、彼らが日本に来た時は精一杯のもてなしをすると何度も何度も思いました。このSIMPICに参加できたこと、参加させてもらったことに感謝し、今回はfirst roundで敗退となったので、来年リベンジしたいと思います。海外の医学生のレベルの高さ、自分の位置を認識し、全ての人に感謝しながら、勉強に励みたいと思いました。

SIMPICに参加して

派遣期間: 2018年3月16日～19日
医学部3年生
青山 直人

3月にSIMPICという国際微生物学・免疫学・寄生虫学大会に参加しました。これはタイのマヒドン大学で行われる大会で、様々な国のトップの大学からセレクションをクリアした優秀な学生が集まり、競う大会です。

今回のSIMPICへの参加は私にとって二度目のことです。SIMPICはリピーターが多く他の大学からも私と同じように参加するのが二回目的人是たくさんいます。前回の大会はそれだけ私にとって印象深いものでした。また去年知り合った友人とはタイに行く前から連絡を取り合い、現地で会い今回もともに楽しむことができました。

大会では私たちも去年の結果を踏まえて臨んだのですが、他の大学も皆レベルアップしていて残念ながら結果を残すことはできませんでした。皆、何か月も前からこの大会に向けて一生懸命勉強して挑んできているので、大会で勝つのが目的なら中途半端にやっても予選も通過することができません。覚悟を持って取り組むべきです。形式としては予選では各メンバーがマークテストを受けて平均点をとります。そのため一人だけが高得点をとっても予選通過できず、全メンバーがともに頑張らなければなりません。決勝ラウンドに進むと予選を突破した強豪チームを相手にチーム内で相談して答えたり、早押しクイズをしたりして戦います。

大会自体はコンペティションだけではなく、様々なイベントが行われます。他の大学のチームと一緒に運動したり、クイズをしたりなどとても仲良くなれます。私のFacebookのタイムラインは今では外国語で溢れかえっています。それだけ友人ができるので参加されるのでしたら、ぜひ積極的に話しかけてください。

この大会に参加することは勉強面で多くの時間をつぎ込む必要があります。ですが勉強だけではなく様々なものを費やしたものの以上に得ることができると確信しています。

SIMPICを経て

派遣期間: 2018年3月16日～19日
医学部2年生
恵美 陽治

3月16日から19日にかけてタイのマヒドン大学シリラー病院で行われた免疫学・微生物学・寄生虫学の国際クイズ大会SIMPIC (Siriraj International Medical Microbiology Parasitology and Immunology Competition)に競技者として参加させて頂きました。ここではSIMPICを通じて感じたことについて述べたいと思います。

まずクイズについてですが、我々のチームは残念ながら予選敗退という結果に終わってしまいました。10月より授業とは別にクイズ大会に向けた免疫・感染症の勉強を行っていたのですが、問題で問われる知識の専門性は極めて高いものばかりでした。海外の英語を母語としない学生に後々話を聞くと、彼らは英語による授業を受け、英語の教科書で主に学習しているということを知りました。そして何より彼らが勉強熱心であると感じました。この経験から日本の教材だけでは得られる情報が限られていること、そして医学を志すには、一日一日を無駄にせず直向に勉強しなければいけないと実感しました。

次にマヒドン大学の学生の企画力・おもてなしに感銘を受けました。SIMPICは主にマヒドン大学の2・3年生で企画・運営されます。クイズ大会はもちろん、船上でのウェルカムパーティー、学生によるムエタイ、ダンス、演劇、そしてフェアウェルパーティーでは会場にダンスミュージックが鳴り響いたり想像を超えたものでした。これだけのクオリティーの高いイベントを学生が運営しているということにはとても衝撃を受けました。またSIMPIC期間中は各チームごとに2人の学生がつき、異国の地で戸惑う我々のお世話をしてくれました。彼らは大会終了後に試験を控えているにも関わらず、プライベートで大学や病院を案内してくれたり夕食をご馳走してくれたりしました。もちろん“微笑みの国”タイの人々の気質の影響もあるのですが、彼らの人間性の高さ・懐の広さを感じられました。彼らが親切にしてくれた分、大阪医科大学にやって来る留学生を全力でもてなしたいと思います。

今回SIMPICに向けて勉強し、実際に参加することで私の価値観は大きく変わりました。結果には結びつかなかったものの、授業の枠を超えて必死に勉強した知識・経験は今後かならず生きてくると思います。また海外の優秀な学生と交流し、自分の今の立ち位置を理解し、日本について改めて深く考えることができました。今回SIMPICで得た知見を大切にしたいと思います。最後になりましたが、今回のSIMPICへの参加を支援して下さいった中山国際医学医療交流センターの方々、0から免疫学・微生物学・寄生虫学を教えて頂いた井上鐘哲先輩には本当にお世話になりました。心より感謝申し上げます。

SIMPICに参加して

派遣期間: 2018年3月16日～19日
医学部4年生
曾根 万里江

まず私がSIMPICに参加したきっかけは、これまでに参加してきた友人がみな、これほど有意義な留学はなかった、と勧めてくれたからです。私はこれまでクラブ活動などが忙しくなかなか留学する機会が得られなかったのですが、部活を引退し、時間ができた今がチャンスだと思い、4年生の3月に行くことにしました。

CBTなどもありSIMPICに向けての勉強があまり満足がいくほどできず、当日の成績は非常に悔しいものとなってしまいましたが、それ以上にSIMPIC期間中に多くの留学生と交流できたことが非常に印象的でした。SIMPICのプログラムには試験だけではなく様々なアクティビティがありますが、どれも非常にクオリティが高く、私たちと同年代の医学生が行なっているとは思えないようなものばかりで非常に刺激になりました。SIMPICは免疫学、微生物学だけではなく、海外の医学生の医学に対する姿勢、勤勉さ、語学力をリアルに知ることができ、自身の未熟さを痛感し、次に繋ぐことができる最高のプログラムです。留学に興味がある人は絶対に参加して欲しいです。



SIMPICに参加して

派遣期間: 2018年3月16日～19日
医学部4年生
山東 正志

おそらく他の参加者も言及していると思いますがSIMPICに参加して一番印象に残ることは、マヒドン大学の学生のホスピタリティの高さです。本当に嫌な顔一つせず大会期間中、私たちのサポートを一日中してくれます。本当に友達と呼べる友人ができると思います。私は東南アジアを訪問することは初めてだったので、渡航前は多少の不安がありましたが、期間中はとても楽しく過ごすことができました。

また、SIMPICのクイズ大会に出場することで痛感したのは、日本以外の学生のレベルの高さです。微生物学だけでなく英語に関しても学生は日本の学生よりとてもレベルが高いと感じました。ファイナルに出場できるまで勉強すれば、微生物学に関してはかなりのレベルに達していると思います。ただ、日本の医学部教育はガラパゴス化しているとも言われるので、教育の内容が異なるのだらうなという雰囲気も感じました。いずれにしても刺激を受けることはたくさんあるので参加して損はないと思います。

プログラムは本当に充実していて期間中は朝から夜までスケジュールが詰まっています。ただ、クイズ大会を行うだけでなく、マヒドン市内の観光や他の大学の学生との交流が含まれています。約400人の学生が関わってイベントを作り上げているそうですが、とても学生が作り上げたとは思えないような充実したプログラムになっています。そのプログラムを体験し、これを学生が作り上げたんだと感じるだけで参加する意義は十分にあると思います。

SIMPICはクイズ自体、2年生には少々難しい面があると思いますが、勉強を十分していけば参加は可能なレベルだと思います。クイズ以外は2年生からでも参加しやすい内容なので、5年生の院外実習を視野に入れて留学の経験を積む上では、ぜひ参加すべきプログラムだと思います。

SIMPICに参加して

派遣期間: 2018年3月16日～19日
医学部4年生
西村 直緒己

この度はSIMPICにオブザーバーとして参加させていただきありがとうございました。SIMPICは私にとって本当に有意義なプログラムでした。まず、マヒドン大学をはじめ多くのアジアの学生とふれあうことができ、彼らの学力の高さ、意識の高さに触れることができたことが印象深く心に残っております。医学を学ぼうとする意欲に満ち溢れており大変刺激を受けました。その姿を目の当たりにすると、我々日本の学生も彼らをお手本にしなければいけないと感じました。

オブザーバーとして参加してみて、やはりオブザーバーはコンペティターに比べると出来ることは限られていると感じました。オブザーバーは何ができて何ができないのかをもっと明確に理解してから参加するべきだったと思っています。しかしながら、先ほど述べた勉強に対するモチベーションや新たな人間関係を得ることができたのは、自分にとっての財産となりました。

最後になりますが、今回このような素晴らしい機会を与えてくださった中山国際医学医療交流センターの皆様には深く御礼申し上げます。本当にありがとうございました。



SIMPICに参加して

派遣期間: 2018年3月16日～19日
医学部2年生
若松 香奈未

SIMPICの対策のために半年ほど前から週2回のお昼の時間を利用して勉強会をしてきました。勉強会では定期的にテストも行い、実力をつけることができました。SIMPICに参加するのがとても楽しみで、頑張れたので参加して本当によかったです。SIMPICではインドネシア、ネパール、中国など他のアジア諸国から参加している学生もあり、皆優しく、感じの良い学生ばかりで、友達が増えました。またマヒドン大学の担当の学生たちとも仲良くなれました。タイ人は日本が好きで、仲良くなりやすかったです。SIMPIC側が計画してくれていたタイの観光も楽しかったです。食事辛すぎるもの以外はどれもとてもおいしいです。タイが大好きになりました。

問題の内容は難しいものもありましたし、熱帯の気候にしか存在しないような寄生虫の問題も出ました。日本の学生には不利になるような問題もあり、つらいなときもありましたが、参加する価値はあったと思います。タイや中国、インドネシアなどの他国の医学生と普段出会うこともなかったので知りませんでした。彼らはとても優秀で、英語も流暢でした。タイにはタイ語で書かれた医学書は存在せず、医学の勉強も英語でしているのも医学英語のレベルもかなり高かったです。日本以外の医学生のレベルを知るという意味でも良い経験になりました。

今後は、医学の勉強にも頑張っ取り組みながら、英語の力をもっとつけていきたいと思っています。5、6年次にハワイの海外実習にも参加したいと思っています。



台北医学大学での研修について

派遣期間: 2018年3月5日～3月16日

看護学部3年生

大掛 夏美

今回の海外研修では医療についてだけではなく台北や台湾の歴史を学んだり、昔の街並みが残っている場所に訪れるなどの文化について触れる機会もありました。医療については台湾の保険制度や社会問題などを知ることで、日本と共通した問題についてはどのようなことが原因でどのような政策を行っているのかについて日本との差や共通点を考えることができ、楽しかったです。最も印象に残った講義は合計特殊出生率の低下についての講義であり、この問題は日本、台湾、香港に共通している問題であったためより興味を持つことができました。また、鍼治療や漢方薬などの東洋医学についての講義は日本ではきちんと学ぶ機会がなかったため東洋医学に触れることができたことは医療にも文化的背景が影響していることを再認識できる機会になって良かったです。今回は講義の中で何人かの学生が実際に鍼治療を体験していて、その人たちの感想を聞くことができたことも東洋医学への興味につながりました。病院見学では私が日本で実習させていただいていたのと同じ大学病院という規模の病院に行かせてもらいました。そこではリスクマネジメントのシステムの違いや、実際に看護師が行うケアの違いを知りました。日本で学んでいて「看護師の仕事はこういうもの」と当たり前だと思っていた仕事のほかの国では看護師の仕事ではない場合もあるのだということを知りました。世界に共通した職業ではありますが、その国の文化も含まれて仕事が成り立っているということがわかりました。講義は全て英語で行われるため、たくさん英語に触れることができたのも良かったです。講義後には香港の学生と意見交換したり、放課後などに台湾の学生に台湾の医療について質問したり、講義からだけでなく学び取ることができたのもいい経験になりました。講義後に学生同士で意見交換をしているときに、日本では当たり前に行われている患者と視線を合わせる行動に対し「台湾と香港では患者と話すときに患者と視線を合わせるためにしゃがんだりしないし、ベッドサイドで話すときには看護師も椅子に座る」と言われたことがありました。看護師の振る舞いとして当たり前だと深く考えずにおこなっていたことが世界の常識ではなかったということにとっても驚きました。このように決められた講義内容以外にも、自分の関わり方、学習への態度次第で別の気づきが得られるということを知りました。香港の学生はとても積極的で授業でもたくさん発言するため、そのような態度がとても刺激になりました。

放課後や休日にはTMUの学生や日本の他大学の学生とともにご飯を食べに行ったり観光地を訪れたりしました。学生だけではなく、朝食屋さんの奥さんやホテルのオーナー、近隣の方やキャンパス内にいた患者さんが一人で台湾に来た私に優しく接して下さったことで、学校以外でも他者と関わることをできたので嬉しかったです。一人で台湾に行った私にとって、こうやって仲良くしてくれる新しい友人や現地の方の存在は大きかったです。私が楽しく学ぶことができたのは周囲のおかげであることを強く感じ、日本での生活の中でもたくさんの人に支えられて生きているということを強く感じました。それと同時に今回の私の場合はたくさんの人と関わって友達になりたいということでしたが、自分の望むことがあるなら自分から主体的に行動するということが大切であるということを感じました。ほかの学生には同じ大学の友達がいるけど自分にはいないという環境は、初めの方は気軽に声を掛けられる相手がいなかった私にとってストレスの大きな状況でした。それでも積極的に前向きに行動し続けることで精神的に強くなれたように感じます。また、昨年大阪医科大学に交換留学生として来てい

た学生が私の元を訪れてくれたり一緒に出かけteくれたりと、人と人とのつながりを強く感じることができました。言語に関しては台湾や香港の学生は中国語が全く分からない私のために飲食店などでは英語で通訳してくれたため皆といときには困りませんでした。一人でコンビニに行ったときには店員さんの言っていることが全く理解できず、言葉がわからない人の気持ちを理解することができました。

これらの経験から、まず医療については他国の治療や看護師の役割についての興味を持つことができました。もともと海外に興味がありましたが、他国での人々の生活や考え方、常識や文化などについてもっと知りたいという気持ちが強くなりました。そして学んだことは看護師としてだけでなく、これからの人とかかわりの中で活かしていきたいです。また、東洋医学についての講義の中でエビデンスの解明はされていないため他国ではあまり行われていないが中国・台湾ではよく行われているという話を聞きました。漢方も日本で使われることもあります。使用頻度は高くありません。そして日本の患者の中には漢方は効くかわからないから使わないでほしいという人もいます。それでも中国・台湾では伝統的な薬であり病棟内に漢方の部門があるほどです。人は生まれ育った国や環境により感じ方や考え方が変わってくると思うので、海外から来られた患者に対してはその人の文化にまで視野を広げて関わっていくことが大切であると感じました。自分にとっての当たり前が世間の当たり前ではないことを意識していきたいです。そして言語については海外から日本に来て医療を必要としているものの言葉がわからず強い不安を感じる患者の気持ちを知ることができたので、そのような患者の不安を少しでも減らせるような関わりができる看護師になりたいと思いました。そのためには今後も継続した言語学習が必要になりますが、今回経験したこと、感じたことを忘れずに励んでいきたいです。今回の研修は一人で参加したからこそ苦労したこと、しんどかったことはたくさんありましたが、それ以上に多くの経験から学んだこと、感じたことがありました。しんどかったことも含めて今回の研修は私の人生の財産です。

台北医科大学
看護学部短期留学プログラム

Week	Day	Time	Schedule	Location	Speaker(s) / Host(s)
Week One	3/5 (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)	UMB 16F Lecture Hall 後棟 16 樓演講廳	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 Prof. Ing-Jy Tseng 曾櫻枝老師 Prof. Shu-Chun Lee 李淑君老師
		12:00 13:30	Welcome Party (Lunch)	UMB 13F Lobby 護理學院大廳	
		14:30 16:30	Assemble at 13:50 - UMB 13F Lobby Shuang Ho Hospital Tour	SHH 雙和醫院	Director Jui-Chen Tsai 蔡瑞貞主任 Vice Director Shu-Fen Chen 陳淑芬副主任
	3/6 (Tue)	10:00 12:00	Assemble at 09:40 - UMB 13F Lobby Taipei Medical University Hospital Tour	1051 Meeting Room, First Building, 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	Assemble at 13:20 - UMB 13F Lobby Wan Fang Hospital Tour	The 7th Conference Room, WFH 萬芳醫院	Doresses Liu 劉淑芬主任 Vice Dir. Su-Yueh Yang 楊素月副主任
	3/7 (Wed)	10:00 12:00	Assemble at 09:50 - UMB 13F Lobby Campus Tour 10:30-11:10 Library Tour 11:20-11:50 History Gallery	UMB 2F Library 圖書館 UMB(Front Building) 1F History Gallery 校史室	
		14:00 16:00	Lecture: Universal Health Insurance - Lessons Learnt from Taiwan	大安校區 B201	Dr. Tzay-Jinn Chen 陳再晉老師
	3/8 (Thu)	10:00 12:00	Lecture: Long-Term Care in Taiwan	UMB 16F Lecture Hall 後棟 16 樓演講廳	Dr. Yen-Ben Kao 高燕彬老師
		14:00 16:00	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
	3/9 (Fri)	10:00 12:00	Introduction to Doing-The-Month for Postpartum Mothers in Chinese Culture	UMB 16F Lecture Hall 後棟 16 樓演講廳	Dr. Evelyn Lin 林淑玲老師
		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	3/12 (Mon)	10:00 12:00	Lecture: The Introduction and Application of Assistive device in elderly: Demo (Use of mobility assistive device)	UMB 15F Conference Room 1 後棟 15 樓第一會議室	Dr. Li-Fong Lin 林立峯老師
		14:00 16:00	Lecture: Lessons Learned from disaster for Taiwan	UMB 15F Conference Room 1 後棟 15 樓第一會議室	Dr. Fu-Chih Lai 賴甫誌老師
	3/13 (Tue)	10:00 12:00	Assemble at 9:50 - Daan Campus 10:00-11:00 9F Expanding active-aging center Tour 11:00-12:00 8F Center for Education in Medical Simulation	Expanding active-aging center, 9F, Daan 大安校區 9F 展齡中心 Center for Education in Medical Simulation, 8F, Daan 大安校區 8F 醫學模 擬教育中心	
		14:00 16:00	Lecture: OSCE and Therapeutic Communication	UMB 16F Lecture Hall 後棟 16 樓演講廳	Vice Dean Min-Huey Chung 鍾明惠副院長
	3/14 (Wed)	08:00 16:00	Assemble at 07:50 Clinical Observation	TMUH/10B : _____ 護理師 2ICU : _____ 護理師	
				WFH/10B : _____ 護理師 9A : _____ 護理師	
				SHH/8B : _____ 護理師 210&9B : _____ 護理師	
	3/15 (Thu)	10:00 12:00	Introduction to Chinese Medicine Visit Chinese Medicine Clinic	UMB 16F Lecture Hall 後棟 16 樓演講廳	Dr. Wan-Ling Lin 林婉翎醫師
		13:30 15:30	Assemble at 12:50 - UMB 13F Lobby Visit: Bopiliao Historical Block	Bopiliao Historical Block 剝皮寮歷史街區	
	3/16 (Fri)	10:00 12:00	Free Activity (Lunch Provided)	UMB 16F Lecture Hall 後棟 16 樓演講廳	
		15:00 17:00	Final Presentation and Evaluation (about 10 minutes by each group)	UMB 16F Lecture Hall 後棟 16 樓演講廳	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

TMU=Taipei Medical University UMB=United Medical Building (Back Building)
TMUH=Taipei Medical University Hospital WFH=Wan Fang Hospital SHH=Shuang Ho Hospital

Reminder

- ※Assemble point is the Lobby, College of Nursing at 13F, UMB.
1. **Pre-departure:** Please confirm your flight and accommodation information with us as soon as possible.
 2. **Briefing:** Students will need to give a 10-minute introduction of their colleges/universities in English. (Please send us the presentation slides before/when you arrive at TMU).
 3. **Closing Presentation:** Students are requested to give a group presentation as evaluation of the program. Topics may include: nursing education, practicum experience, healthcare system, university life, etc.

Report for International Exchange Program in Osaka Medical College

Chen Te-Hung
6th Year Student
National Taiwan University
Date: 2017/04/14~2017/05/19

1. Introduction

My name is Chen Te-Hung, a six-grade student in medical college of National Taiwan University. In the spring of 2017, I had learned a lot of treasurable experience during the international exchange program in Osaka Medical College, which not only gave me a new concept of Japanese medical environment but also broadened my horizon in medicine. In the following part of this report, I would like to share my feelings about the program from three aspects, hospital observation, Japanese special institutions and cultural experience. I hope this report can make others know more about Japanese medical environment and this exchange program.

2. Hospital Observation

This exchange program includes a lot of observation in different departments in Osaka Medical College Hospital, which is a multiple-building university hospital in Takatsuki city in Osaka. This time, I had visited several departments like Neurology, Pathology, Neurosurgery, Gastrointestinal surgery, Orthopedics, Ophthalmology and so on. Mostly I spent only several hours to one day to take a brief view of each department, which gave me a gross view of how a Japanese big hospital looks like. Generally speaking, the bed number and patient number in Japanese university hospital are lesser in those in Taiwan. Therefore, I found that the doctor-patient or nurse-patient ratio is better in Japan. The medical technique used is not so different compared with NTU, but many buildings and equipment are newer in OMCh, especially the operation room. Doctors who had taken care of me were very friendly and teaching no matter in English or Japanese.

Among the departments I visited in this program, there were several that gave me great impression, for example, Physiology department. I and my partner Su Po-Yu had joined the Physiology Quiz Japan 2017 in April 16th and won the 2nd place. It was a great chance to meet medical students from different area of Japan and make friends. I enjoyed the event very much. As I went to the department of Physiology, I saw the lab using zebra fishes as model animal, the research topic and microinjection experience were very interesting, and the talk with professor and lab member was inspiring. Besides Physiology, the

lecture about BNCT is also very impressive. It would be great if this technique could be proven to treat some advanced cancer that was difficult to treat like Glioblastoma in brain. I am looking forward to the progression of medical technology like this. As for the observation of operations, the most impressive part was the Pars Plana Vitrectomy (PPV) in Ophthalmology for epiretinal membrane (ERM). Seeing surgery inside the eyeball was a very special experience for me. Moreover, one of the most impressive departments for me was the transfusion department. I had known little about the transfusion system and related regulations in Japan before. It is this time I learned a lot of difference between two medical systems in Japan and Taiwan. I and my partner had a good time discussing this topic with the chief of the transfusion department, sharing the experience in this field. This course made me to know many aspect of a hospital in Japan.

3. Japanese special institutions

In this program, I had visited several Japanese national special institutions. They were Center for iPS cell Research & Application (CiRA) in Kyoto, Mishima Emergency Critical Care Center in Osaka, National Center for Geriatrics and Gerontology in Nagoya, Trauma & Acute critical care center in Osaka University Hospital and National Cerebral and Cardiovascular Center in Osaka. During visiting these special medical centers, I discovered that Japanese like to focus on very specific fields and invest a lot of resource to set up big medical center that is specialized to deal with such kind of diseases. In CiRA, I saw the top of national research center, how to aggregate so many different lab together into a big institution, and what's the top equipment and technique in this field looks like. Very inspiring it is to me. In Mishima Emergency Critical Care Center and Trauma & Acute critical care center, I saw the effort to reach the patient in need and the acute care system in Japan. Both Doctor Car and Doctor Heli were interesting, which reflects the precious value of time in emergency medicine. In Taiwan, we don't have this kind of system yet, so I think it could be a good example. Our government recently purchased several medical scale helicopters, but lacked of associated emergency coordination system now. Maybe Taiwan can learn something from the system in Japan to reach a better medical accessibility. As a nation containing extremely high ratio of elderly in population, Japan had made many efforts to find its way for the aging society. As I visited National Center for Geriatrics and Gerontology in Nagoya, I saw many specialists and researches in this field, including using robot or device to support the elderly, or using pioneering imaging method like MEG trying to find subtle change in the brain that may lead to Alzheimer's disease. I think there is also aging population in Taiwan society, and we should take action to find the



Reflection essay for Osaka Medical College

蘇柏宇(Su, Po-Yu)

6th Year Student

National Taiwan University

Date: 2017/04/14~2017/05/19

solution for the incoming problem. Therefore, I and my partner had a discussion with the professor Maki about the insurance system for long term care in Japan and Taiwan. She was surprised that Taiwan had already set up some community-based social therapy for prevention of mental retardation during aging. After this visit, I had known more about how Japanese try to deal with aging problem, and I think this could help me in the future when Taiwan encounter the same situation.

Seeing these special national institutions, I had the panoramic view of Japanese medical system, which I think could extend my provision to the future of medicine in Taiwan as I become a doctor.

4. Cultural experience

Japan is a country full of charming culture, which is one reason why I choose Japan as country for exchange. In this program, I not only experienced some unique Japanese culture like tea ceremony, Karate martial art, and also visited beautiful temple in Kibune, enjoyed a variety of Japanese foods. Among these experiences, the most impressive one was the tea ceremony. I had only seen this in the books or Japanese manga before, and I thought that it is too complex for the foreigner to understand and enjoy. However in this time, Guided by student in the club of Chado(茶道), I learned the basic concept of Chado and enjoyed the delicious Macha. The explanations made by the club member gave me the chance to have a deeper view in Japanese traditional culture. Besides, the journey with the OMC students to Kibune shrine was also wonderful, a walk in the mountains of Kyoto with Japanese traditional buildings is always charming for me, and together with friends in Japan to enjoy such a good place makes the journey better. Interaction with the medical student to discuss many aspect of Japan and Taiwan is very interesting for me.

To sum it up, this exchange program gave me the chance to observe Japanese medical system from a variety of views. Not only broadened my horizon in medicine but also had precious experience in Japan. I want to thank the coordinators of this program, doctors, medical staffs and medical students in Osaka Medical College. It is them who make this wonderful program possible. I offer my gratitude to them for their assistance.

Features:

The most special feature in OMC is that the program we accepted was not confined in a specific department. The courses changed every day. We had 22 workdays in OMC, so we went to at least 22 departments (in some days, there were 2 departments in a day). The staffs in Nakayama International Center are all friendly and active in arranging foreign students' programs.

Besides OMC hospital, in the program, we were also arranged to visit other medical institutes, such as Kyoto University's CiRA(Center for iPS Cell Research and Application), Osaka University's Doctor-Heli, National cerebral and cardiovascular center, National Center for Geriatrics and Gerontology and so on. Cultural experience was also emphasized, so we also attended students' clubs, such as Tea ceremony and Karate and also ate lots of delicious Japanese cuisine.

About the life in OMC:

Eating: Many foreign people know Kyoto and Osaka, but less people know Takatsuki. Takatsuki is in the middle between Osaka and Kyoto. In fact, life function in Takatsuki is good. There are a lot of department stores, shopping streets, restaurants and 3 supermarkets. We can easily find good restaurants or cook in the apartment.

Clothing: The weather will be hot in May, so it is better to prepare some short sleeve shirts.

Housing: OMC will arrange an apartment for us. One room for one person. It is near hospital, only walking 3 minutes. The equipment in the room is complete with kitchenette and separate bathroom.

Traffic: Because the apartment is near the hospital, we can walk to the hospital. If we want to go to other places in the weekends or holidays, Hankyu station and JR station are not far from the apartment. Hankyu system is convenient to go to Osaka or Kyoto and JR system is better to go to counties except Osaka and Kyoto. There are many good 1day~5day passes of JR system, like Kansai WIDE Area pass can be used to go to many places with little cost.

Internet: Internet is very important when going abroad. In the apartment, there was wireline network and no wifi hotspots, but we can use some softwares, such as Virtual Router Manager to make notebook computers share Internet connection with our Wifi devices. When going outside, we can buy SIM cards, such as Studio A、EZ Nippon、Japan Travel Sim、So-net prepaid LTE SIM.

Details of the program:

Our course started from 4/17 to 5/19 (5 weeks).

4/16(Sun), PQJ(Physiology Quiz in Japan). We were invited to join this contest before going to Japan. The contest is like IMSPQ(International Medical Student Physiology Quiz). IMSPQ is an international Physiology contest since 2003, and it is held every year. It was originally held by Malaya University's Prof. Chen, and there were 23 countries and 81 teams last year. In PQJ, there were totally 21 teams from Japan's medical schools and we (another classmate and me) were the only team from foreign countries. Luckily, we won second place and make many friends in PQJ.

4/17(Mon), Neuropsychiatry, Welcome party. In Neuropsychiatry, we joined ward round and experienced NIRS(Near-infrared spectroscopy). NIRS can detect changes in local blood flow and be a diagnostic tool to distinguish bipolar disorder, depression or schizophrenia.

4/18(Tue), Physiology, Hospital and campus tour. Prof. Ono told us what they are researching, especially Zebrafish.

4/19(Wed), Journal reading, Pathology. At 07:10, we joined students' journal reading. There were some students interested in studying English, so Prof. Ono held this event. In Pathology, we saw many slides.

4/20(Thr), Neurosurgery. We saw an operation of aneurysm coil+right vertebral a. PTA in catheter room. In the afternoon, we saw an operation of Petrous meningioma. Japan's surgeons usually have two days' operation every week and it is quite different from Taiwan. In Taiwan, surgeons have more days of operation and more patients.

4/21(Fri), Neurology, CiRA. In the morning, we joined ward round in Neurology. There were many ALS patients. In Taiwan, even though hospital centers, there are still a lot of mild diseases' patients admitted, not like Japan can accommodate so many rare diseases' patients such as ALS. In the afternoon, we went to Kyoto University's CiRA (Center for iPS Cell Research and Application). This is a very famous and big research center in Japan and it is famous for researchs of iPS cells. Prof. Yamanaka won Nobel Prize in 2012, but unfortunately, we didn't meet him. However, this is still a great experience to see such a big research center.

4/24(Mon), Gastroenterological surgery. Gastroenterological surgeons in Japan still do some operations of general surgery, so we saw esophageal cancer and breast cancer. The most impressive thing is the 3D TV. We can see 3D images with 3D glasses to realize what is doing during the surgery.

4/25(Tue), Orthopedics, Tea ceremony. We saw outpatient clinics in the morning. Patients in Japan are fewer than Taiwan. In Taiwan, it is normal to see 50~80 patients in the morning or afternoon, but in Japan, there are usally around 10~20 patients. In the afternoon, we saw operation of distal femoral osteotomy. After the course was finished, we joined the tea ceremony club in OMC. We learned the methods and manners of drinking tea and making tea.

4/26(Wed), Rehabilitation. We saw many orthoses and experienced leg cast and NCV. In the afternoon, we joined the special ward round to evaluate patients' swallowing abilities.

4/27(Thr), Gynecology (another classmate went to different department that day). I saw 2 operations of big-sized(>20cm) myoma. In the afternoon, I visited the lab of gynecology.

4/28(Fri), Journal reading, BNCT, Radiology. BNCT (Boron Neutron Capture Therapy) is a kind of new therapy to treat brain tumors. OMC will build a new building for BNCT. In Taiwan, there are also some institutes researching BNCT. We went to Radiology in the afternoon. OMC's radiology is a bit different from Taiwan because it has special radiology clinics for cancer patients' follow up.

5/1(Mon), Suntory factory. We visited Suntory factory and learned the production of beer. After the tour, we can also drink Suntory's beer for free. The Premium Malts is very delicious.

5/2(Tue), Mishima Emergency Critical Care Center. This is a very special hospital in Japan. In Mishima, they only accept emergent and critical patients. We learned the system of Japan's emergency medicine. Next to Mishima center, there are some clinics which only open in weekdays' evening and weekends.

5/3(Wed)~5/7(Sun), Vacation of Golden week.

5/8(Mon), National Center for Geriatrics and Gerontology. We learned that rehabilitation is important to prevent dementia, especially old people. Besides, we also saw applications of robotics in care for elderly.

5/9(Tue), Cardiology, journal reading with gastroenterological surgeons and dinner. There is a heart sound model for training and we learned heart sounds by lectures and by this model. In the afternoon, we saw an operation of Chronic atrial fibrillation ablation and TEE(Transesophageal echocardiography). In the evening, we joined journal reading with gastroenterological surgeons and ate dinner with them. It was very delicious and after that, we went to KTV and had a good time.

5/10(Wed), Forensic medicine (another classmate went to different department that day), Presentation. Forensic system is different from Taiwan in Japan. I joined discussion between forensic doctors and Japan's policemen. It was a very rare experience to discuss with policemen. After the course, we introduced college of medicine of National Taiwan University.

5/11(Thr), Fire department, Doctor-Heli. In the morning, we went to fire department and learned the emergency control system in Japan. In the afternoon, we went to Osaka University to see Doctor-Heli. Doctor-Heli is a unique system that doctors are onboard and that they fly to the patients to provide treatment as soon as possible. It is very important for some places that are far from cities. We can learn the system of Doctor-Heli by watching drama "Code blue" before the course.



5/12(Fri), Journal reading, Pediatrics (another classmate went to different department that day), Karate club. That day's journal reading was held by Prof. Hayashi. After that, I went to Pediatrics. Pediatrics in OMC is not big and the patients are mainly heart diseases. In the afternoon, I saw a cardiac catheterization of a corrected TGA+VSD+ASD patient. The patient had received glenn procedure and the catheterization's purpose was to evaluate whether he was suitable for the next fontan procedure. In the evening, we experienced Karate in the Karate club.

5/14(Sun), Sightseeing with OMC students. OMC has a student club to take foreign students to sightseeing places and restaurants. We went to Mt. Kurama and Kifune Shrine.

5/15(Mon), Pharmacology, Shimadzu corporation. In the morning, we visited Pharmacology lab and tried to isolate DNA of E-coli. In the afternoon, we went to Shimadzu corporation which is famous for medical devices. In National Taiwan University Hospital, we also use some Shimadzu's devices.

5/16(Tue), Dentistry and oral surgery, Simulation center. In the morning, we saw the procedure of oral care and learned the importance of oral care. In the afternoon, we saw an operation of Dentigerous cyst and joined the special consultation to evaluate patients' oral conditions. After that, we went to simulation center to learn stitch technique by laparoscopy, vascular repair with sutures and abdominal ultrasound. In fact, this is also a student club in OMC. We were both amazed at such kind of student club.

5/17(Wed), Microbiology, Transfusion Center. In Japan, there are almost no division of infectious diseases in the hospital but they have infection control center in Microbiology department. In the morning, we joined the consultation of infection control center and the doctor gave advices to other department's doctors in the hospital. In the afternoon, we visited transfusion center. Dr. Kohno is very enthusiastic at transfusion medicine.

5/18(Thu), Gastroenterology. We saw the endoscopic center and saw ESD (Endoscopic submucosal dissection) for early-staged gastric cancer.

5/19(Fri), National cerebral and cardiovascular center, Farewell party. National cerebral and cardiovascular center is specialized in cardiovascular diseases. We went to the Perinatal department. They are good at treating pregnant women who have cardiovascular diseases or fetuses who have heart diseases. In the afternoon, we saw the broadcast of fetus ultrasound in the conference room. This is a very good technique that we can see ultrasound without crowding in the small echo room. In the evening, Nakayama center and OMC students held a farewell party for us, and we finished the course of OMC.

In conclusion, OMC is a very special school in NTU's cooperative lists. We went to many departments, so we needed to review almost what we learned before. It was a hard work, but we indeed got a lot from OMC.

Four weeks of Clinical Clerkship at Osaka Medical College

Choi Jung Min

6th year student

Seoul National University School of Medicine

Date: 2017/06/23~2017/07/21

The first day at the Osaka Medical College, we were assigned to General Surgery. There were five surgeries going on at the moment (subcutaneous total mastectomy, laparoscopic hepatectomy, laparoscopic LAR, Laparoscopic rt. hemicolectomy, laparoscopic distal gastrectomy). The professor guided us around the operation room and gave us simple explanation on what kind of operation they are doing. And after his explanation, we had chance to choose among those five operations. I chose to see mastectomy, and it was very interesting. I was surprised to see that the professor was using the scissor type rather than bovie during the surgery. He explained it was to save the tissue for patients and it was very impressive. Around 12 o'clock, we went for lunch at hospital cafeteria. The food at OMC was very good and we enjoyed our lunch there. After lunch, we went back to the operation room. This time we had chance to see a patient who were going through right hemicolectomy and distal gastrectomy. All the procedure was done via laparoscope. It was interesting to see two different surgeries taking place at one day. The professor explained to us it is rather less burden for the patients compared to having two surgeries in two separate days. Around 5 o'clock we left the operation room for meeting with OMC students. We had gyoza, salad, pizza, katsu sandwich and so many other foods prepared by Miss Kimiko Matsumoto. All the students from OMC were very kind and welcoming. We had a lot of talk, and laughter. It was a great opportunity to know the life of OMC student.

The second day at the OMC, we went to Mishima Emergency Critical Care Center. Dr Hitoshi Kobata was very kind and he told us a lot about Japanese emergency critical care system. It was even better because he was an authoritative person in neurosurgery field of emergency care. He was very kind to answer all the questions we had about hypothermia and related brain saving techniques. We attended some kind of conference that talked about patients of the day before. Then we followed around the ward round and looked around the inpatients. Dr. Tucker was very kind to give us explanations and little quizzes about the diagnosed disease of the patients. After the ward round, Dr. Kobata introduced to us the whole Mishima Emergency Critical Care Center. It was very surprising to see how efficiently Mishima Emergency Critical Care Center was designed. I could easily guess their efficiency made their role in the area really big even though the hospital itself is relatively small compared to their role. After looking around the Mishima Emergency Critical Care Center, we



had a look at the ambulances. One of the ambulances were owned by fire-fighters and the other one was owned by doctors of Mishima Center. It was interesting to hear that both of the ambulances would start off at the same time to the place of accident when the call comes from the headquarters.

The 3rd day at the OMC, we were assigned to Microbiology and Infection Control. We met Professor Takashi Nakano, Dr.Hong Wu, and Dr.Youichi Suzuki. At first, professor and doctors told us about their major, and we had a time to talk about it. After that, we went to attend a ward round. There were two patients at the ward round. One who had Staphylococcus epidermidis cultured, and the other one who had three weeks of piperacillin and tazobactam. It was interesting to see the how the unit is designed and how nurses and doctors work together at the unit. Unlike Korea the center of the unit, where all the doctors and nurses work, was designed to work while standing.

At the afternoon, we got a chance to get a lecture from Dr. Takehiro Kohno of blood transfusion center about blood transfusion in OMC. While his lecture, he asked us about each countries status so we talked about Korea, Japan, Hawaii, and Russia. It was a great opportunity to know how other countries are different from Korea. Not only on the blood transfusion itself but in general medical condition. The last schedule for the 3rd day was a campus tour. We went to see VIP ward, library, and students' area (studying place). All the places looked very pleasant and seemed to serve their role very well .

The 4th day at the OMC started with journal club. We had a lecture on oxygen regulation of breathing through an olfactory receptor activated by lactate. The lecture was performed by Professor Ono of physiology faculty. It was a very interesting lecture since we only learned the fact that carotid body senses oxygen but not the mechanism how it senses. The second lecture was about BNCT by Professor Miyatake . We learned about basics of BNCT technique and some of the cases that were treated by BNCT. After the lectures, we went to pharmacology faculty and had a chance to see a cardiomyocyte of mouse. Also, we received an explanation about a hypothesis that is on its way to prove about how dilated cardiomyopathy occurs due to mutation of STIM gene. It was a very motivating time about basic science. At the afternoon, we got a chance to observe Kendo club. It was my first time to see Kendo practice in real and it was very impressive. After watching Kendo club, we had dinner with OMC students at Shabu-Shabu restaurant. We really enjoyed our time talking with other students.

On the 5th day of 1st week at OMC, I had a full pediatrics day. Before lunch time, I went to NICU and intracardiac catheter examination. After looking around NICU, I went to see intracardiac catheter examination done on VSD patient to check the pressure before surgery. It was my first time to see such procedure, so it was very useful. After lunch, I went to see a colonoscopy of ulcerative colitis patient.

2nd week(7.3~7.7)

On Monday, we went to National Center for Geriatrics and Gerontology in Nagoya. The first lecture was by Doctor Kazuyoshi Senda about Homecare Medicine. We had a chance to get a glance at past, present, and future of geriatrics in Japan. Educating general physicians and making connection with the local general physician to take care of the elders looked like a very good idea. The second lecture was by Doctor Hidetoshi Endo about medical care and long term care for dementia. We could see how Japan is dealing with Alzheimer patients. The third lecture was given by a member of the lab. Their research was to examine why diabetes mellitus patients tend to develop dementia more often. After the lectures, we looked around the 西病棟(もの忘れ病棟). The ward looked really comfortable and well prepared for the patients. It was a very good opportunity to get to see the National Center for Geriatrics and Gerontology since Korea is also becoming a super-aged society just like Japan.

On Tuesday morning we went to psychiatry department. Professor Kanazawa explained to us brief history of psychiatry and the concept of the drug used in psychiatry. After that, we had a talk about general psychiatry and compared difference between Japan and Korea. Then, we had a tour around 61 ward. After the tour, we experienced NIRS (Near-infrared spectroscopy) by ourselves. We have never tried NIRS before, so it was a very good experience. At afternoon we went to Takatsuki Fire-defense Headquarters. We saw how 119 call is received and handled. It was a very unique experience to see a real 119 call handled. Then, we went to see the ambulances and fire trucks. They even had earthquake experience car. After the tour, the head of fire department gave us an omiyage of Hwanitan, the character of fire department. I was really surprised to hear that the character was actually designed by one of the fire department officers.

On Wednesday, we were assigned to rehabilitation department. At the morning, we had a lecture about orthosis and experienced on making a negative form that is used in making an orthosis. We learned how gips and cast is different. Then, we went to see a botox injection at arm and leg of a patient who had spasticity. After botox injection, we had a lecture about electrodiagnostic medicine and dysphagia. We had a chance to experience nerve conduction study by ourselves. We only had a chance to see a patient examined before, so it was a great opportunity to know how patients sense during the examination. At the afternoon, we went for a ward round. We saw a patient who had a stroke and still suffer from unclear consciousness. We also saw patients who has Parkinson's disease, meningitis. Since the patients' consciousness level was not always good, not all the patient could go through the swallowing examination.



On Thursday, we went to Trauma & Acute Critical Care Center at Osaka University and CiRA at Kyoto University. At Trauma & Acute Critical Care Center of Osaka University, we had a lecture about Helicopter Emergency Medical Services in Osaka Prefecture (Osaka-HEMS) at first. It was very interesting to learn about HEMS. Osaka-HEMS covers 200km around Osaka prefecture. Osaka-HEMS was launched in January 2008 which is quite later than I thought. The Hanshin Awaji Earthquake in 1995 made the people feel the needs of system to utilize airlifts. After the launching of Osaka-HEMS, the Great East Japan Earthquake happened and HEMS played a big role in evacuating patients from affected hospitals. We saw the Doctor-Heli ourselves and it was very impressive. At the afternoon, we went to CiRA at Kyoto University. We had a lecture about iPSC (induced pluripotent stem cell). I only knew briefly about iPSC before, so it was a very good opportunity to learn more in details. I was very surprised to learn iPSC has already been used in clinically to save a patient with Cataract. After the lecture, we looked around at the lab and saw the iPSC colony. It was a first time to learn that iPSC used to be bedded on mice cells. But now they are not bedded in mice cells anymore. It was a very exciting experience to visit Trauma & Acute Critical Care Center at Osaka University and CiRA at Kyoto University.

On Friday, we were assigned to radiology department. At morning, we went to see diagnostic part of radiology. We had a lecture about AI and radiology from the professor in charge of the Radiology department. After the lecture, we went to look around the CT, PET, MRI and all the related radiology machines. It was very interesting to see the different kinds of machines. At the afternoon, we observed the outpatient clinic of Doctor Yoshida. The first patient was a patient with bladder cancer and the second patient was a patient with breast cancer. The professor explained very kindly about the pros and cons of a new technique and a Standard treatment. After the patient, the professor explained to us different kinds of devices that are used in radiation therapy. We felt very thankful to the patient of letting us touch her tumor. After the schedule was over, we had a farewell party for the Hawaiian students. It was a very relaxing time. We had a lot of talk with other students.

3rd week(7.10~7.14)

On Monday, we visited Shimazu Corporation at Kyoto. It was a very interesting visit and was very impressive. It was an eye-opener. As a medical student, I only focused on diseases on how to diagnose them and what the treatment is. We learned about various tools that is used in diagnosing but we never took close look at how the tools are made. It was surprising to see a company that lasted for 140 years . And it was also surprising to see

how the machines are made. We had a very good explanation by Mr. Nishida. It was very easy to understand. Looking around the inspection area was also very inspiring. We could see easily how Shimazu Corporation got its reputation. It looked very reliable. The showroom was very impressive as well. The products were arranged in a way that is easy to understand. Also, it was interesting to see all the prizes that Shimazu Corporation received from various places including the Nobel Prize.

On Tuesday, we were assigned to Dentistry and Oral Surgery. I haven't been able to look around at the dentistry and oral surgery part back in my home university. So, it was a very fascinating experience. At first, we saw the care on patients those who are going to take surgery or chemotherapy or radiation. We learned only in textbook that before having patients go through chemotherapy or radiation, we should check their teeth and mouth health as well. However, we never got a chance to see how it actually works. It was a great opportunity to see how the process actually happens. Also, we saw a patient who has wobbly teeth. He had surgery scheduled right on Wednesday, so he came to check whether his protection tool works well without any pain. At my home university hospital, I only saw the doctors asking whether the patient has a teeth problem or not. All the patients had no problem with the teeth so there weren't any other steps needed. However in this case, the patient actually needed a protection tool and it was a very good opportunity to see how the process works. At the afternoon, we went to see cystectomy. At the evening, we attended journal reading club of General Surgery department. This week's topic was "Predicting time to full enteral nutrition in children after significant bowel resection".

On Wednesday, we went to see the Anatomy and Cell Biology department. At first, we had a lecture about Formalin Fixed Paraffin Embedded Tissue. After the lecture, we experienced very fascinating tool made by Leica. The machine was composed of microscope, laser, and a computer. As we drew a line at a computer, the laser automatically cut off the part from the real slide. It was a very interesting tool. Then, we had lecture about autophagy function in testes. The lecture especially focused on the case of alcohol abuse and how the Sertoli cells are safe from oxidative stress compare to sperm cells. It was a very interesting topic and was easy to understand due to straightforward experiment results. After the lecture we saw the actual slide of the control and alcohol affected specimen. The TFEB was located at cytoplasmic area in control and located inside the nucleus in alcohol specimen. It was very impressive to see such a dramatic change. After the lecture, we had lunch and went to Yamazaki distillery. We had a guided tour around the factory and learned about history of Yamazaki distillery and how whisky is made. It was a very interesting



experience. After the visit to Yamazaki distillery, we had the International Symposium. We got a chance to introduce our hospital to other students and faculty members of OMC. After the presentation, we had a dinner party at the cafeteria and had relaxing time with other people from OMC.

On Thursday, we were assigned to Gastroenterology of Internal Medicine II. At the morning, we went to see gastric endoscopy. We saw few GIST. At the afternoon, we went for a ward round. We saw different kinds of patient including gastric cancer, hepatic cell carcinoma. We even saw a Radio Frequency Ablation going on.

On Friday, we went to National Cerebral and Cardiovascular Center at Osaka. It was very interesting in a fact that only cerebral and cardiovascular related pregnant woman are allowed to admit as a patient in this hospital. At the morning, we got a lecture from the chief and looked around the ICU of the hospital. At the afternoon, we saw echocardiogram of various patients. The first patient was a pregnant woman suspected of a fetal abnormality. The second person was a patient with congenital disease.

I thought the concept of this hospital is very useful since the aging proceeds, there is going to be more and more people have cerebral and cardiovascular problem.

Final week(7.17~7.21)

On Tuesday, we were assigned to Internal Medicine III and had a lecture on cardiovascular disease by Dr. Ito. After the lecture, we had a chance to hear heart murmur and diagnose the disease by using medical model, Ichiro. The model was very interesting and it was a very useful experience to actually have a chance to hear a murmur. At the afternoon, we saw a cardiac ultrasonography of a patient with Aortic Regurgitation. After the cardiac ultrasonography, we had a lecture on arrhythmia and devices used to treat them. We saw pacemaker, ICD, ablation catheter and so on. It was very interesting to see cutting edge tools used for patients with arrhythmia.

On Wednesday, we went to Pathology department. Doctor Satomi was in charge of us. At the morning, we had a chance to experience intraoperative pathology diagnosis. We saw sentinel lymph node of breast cancer and lung cancer. We also saw how the liver section was made. It was a very interesting experience since we don't get to experience pathology department in our home university. It was very inspiring to see how the diagnosis of the specimen is made right in the middle of the operation. Doctor Satomi was very kind enough to explain all the processes of the pathology department. After lunch, we got a chance to see cytology specimen, uterus specimen, and ovarian specimen. And after seeing the specimens, the call from the pathology department came to Doctor Satomi to make a diagnosis of newly made slide. When we went back to pathology department, we got a chance to check sentinel lymph node and I was able to find a cancer cell.

On Thursday, I was assigned to Otorhinolaryngology-Head and Neck Surgery. At the morning, I followed the ward round and observed at the out-patient clinic. At the ward round, the professor checked over all the patients at the 66 ward directly. It was surprising to see a room prepared as a part of 66 ward to check the in-patients. At the out-patient clinic, there was a patient with inflammation of cyst, nasopharyngeal cancer. Thursday's out-patient clinic was only for first-visit patients. It was interesting to see how the disease is diagnosed in ENT department. After lunch, I went to see operations. There were lot of operations going on parotid gland tumor. I heard OMC has a famous professor of parotid gland and because of that, patients with parotid gland cancer come to OMC from all over the Japan. It was interesting to see how the professor injected Epinephrine on the site of incision in order to lessen the bleeding. Also, the intubation was done on nose instead of mouth for the patients who are going oral surgery. This was a first time to see such intubation, so it was very impressive.

On our last day, we were assigned to Neurology department. We saw a few videos of famous people who suffered from neurologic diseases. The first video was about Hitler. I never knew he suffered from Parkinson's disease so I was very surprised. Then we saw a video of a patient who suffer from Parkinson's disease. The patients had symptoms of cogwheel rigidity, resting tremor, resistance when starting a step of walk. After watching videos, we moved to 35 ward for a ward round. There were lot of patients at the 35 ward. There were patients with cerebral infarction, Guillain-Barre Syndrome, pneumonia with Parkinson's disease, meningitis, ataxia, Myasthenia Gravis, LEMS, radiculopathy and so on. It was a first time to see a patient with GBS or LEMS. The professor went over all the physical examination by himself on the patients. It was very impressive. He looked to have established a good rapport with the patients. After all program was over, we took a photo with Miss Matsumoto as our last memory at OMC.

After finishing the clerkship at OMC

Four weeks of clinical clerkship at OMC will be an everlasting memory for me. It was full of great opportunities to learn and communicate with medicine of Japan. It was possible all due to the support from Nakayama center, especially Miss Matsumoto. She really showed great effort in arranging our schedule so that we could learn most from OMC. Not only the schedule but also, she supported in various ways. She helped us starting from the pick up at the station at our arrival until the last moment at the OMC. She gave us so much help that I cannot list all in here. I also feel big thanks to all the doctors and students at OMC for being so kind and friendly. I am really thankful to Professor Uchiyama (director of Osaka Medical College Hospital) who allowed us to be at OMC as a clinical clerkship as well. Due to the support from all these members of OMC, my stay was very enjoyable.



During the clerkship at OMC, I learned not only about medicine of Japan but also the culture of Japan as well. After attending so many Japanese cultural activities such as tea ceremony, kendo club, Nara sightseeing, visiting museum of OMC and so on, I could really experience Japanese culture very well. I was very thankful to the OMC students preparing such valuable opportunity for us. I strongly recommend to someone who is considering their clinical clerkship to choose OMC as their destination. Clinical clerkship at OMC not only allows you to have full medical experience but also cultural experience as well. The schedule of clinical clerkship at OMC is full of exciting activities and experiences that helps you to learn most from your stay at OMC. You will experience more than you can imagine at the OMC.

Reflection essay

Choi Woosuk

6th year student

Seoul National University School of Medicine

Date: 2017/06/23~2017/07/21

The four week time spent at Osaka Medical College was extraordinary. I was able to learn about Japanese culture as well as mere medicine, and I am glad that many foreign medical students and friends have been exchanged with students who practice together. I am very grateful to OMC for providing this opportunity and generously supporting it.

Through practice at OMC, what I ultimately wanted to learn was the difference between Japanese and Korean hospitals. Although the two countries are very close, I was wondering about the differences in the culture of hospitals because there are many cultural differences. What I felt was that the number of patients was smaller than that of Seoul National University Hospital, which I am learning, but doctors spend a lot of time investing in each patient. And the attitude of the medical staff who explained the actor kindly was excellent. I also felt the respect for the patients' doctors.

The OMC has provided us with a wider range of services than hospitals with other MOUs that we can go to from our school. In fact, in the case of ophthalmology, I could not look around this department in my school because this department is selectively chosen. In addition to this, there was a chance to practice in basic medicine division besides clinical division, so that it was possible to refresh again in basic medical field as well as clinical medical care.

During my 4-week practice at OMC, I was able to make friends with the students at the International Exchange Club at OMC. I was able to learn Japanese culture and learn Japanese medical education system. I also visited the city of Nara and it is very memorable. They were very friendly and actively trying to communicate with us. Thank you for their warm heart.

Reflection essay

Gyu Young Song

6th year student

Seoul National University School of Medicine

Date: 2017/06/23~2017/07/21

When I first decided to go to OMC for clinical clerkship, there were some special reasons for that. As Japan and Korea share many similarities throughout the whole social structure, both countries are struggling with similar socio-economic problems including public health issues. Therefore, researching and understanding about those problems seemed very interesting and meaningful, especially in a way to find solutions. Since I am seriously considering working at the government about health care policies in the future, I couldn't miss this opportunity. Also even if it's a short period, I wanted to experience what it is like to live in Japan. It was because I had been interested in Japanese culture and language for a long time. All these desires led me to select OMC despite the limited information about OMC, and it turned out to be an excellent choice.

The most unique feature about the clerkship was the rotation system, in which I was assigned to different departments and outside institutions everyday. It was very distinguished from usual clerkship but satisfactory to me in particular. As a senior year student, I was able to look through various departments and compare them with my previous experiences on which I had done clinical rotation back in Korea. During my rotation, I could see medical status and environment of Japan which was similar but different from Korea at the same time. I got an impression that Japan is more concerned about prevention and care, while Korea is more focused on treatment and cure itself. Although both countries are dealing with same major social changes such as population aging and low birthrate, point of view seemed quite different which made me wonder whether it's a matter of time or not. As Korea is following the steps that Japan has taken in social terms, Korea would probably move on to the same way as Japan did.

I also have to mention how passionate and enthusiastic OMC staffs were. Everyone I had met was eager to convey their knowledge, share their experiences and interact with me, which I fully appreciated. How they communicate with patients and each other as well impressed me deeply because I could feel mutual respect and trust going on underneath their relationships. In addition, OMC students were very welcoming and friendly which made me feel comfortable.

Looking back my life at OMC, it was filled with unforgettable memories based upon many people's effort, especially Ms. Matsumoto at Nakayama International Center. I am very grateful to all of them and OMC for providing me this wonderful program.



MD5 Elective Reflection

Nicholas Tran

2nd year student

John A. Burns School of Medicine

University of Hawaii

Date: 2017/06/26~2017/07/07

Health care systems reflect the people they serve and employ, and mirror the context in which they were developed. Our culture, our values, and our way of thinking are all expressed in the way we care for each other. Oftentimes it's easy to overlook the built-in assumptions that inform how medicine is practiced in our own homes, just as a fish takes no special note of the water it swims through. The opportunity to experience the very different way in which health care is organized in Japan gave me the opportunity to reflect on health care in the US and recognize the differences, advantages, and disadvantages of our system compared with the Japanese national health care system.

We had an opportunity to travel to Nagoya and visit the National Center for Geriatrics and Gerontology, during which we learned a great deal about how health professionals are preparing for impending demographic changes and increased demand for services from elderly patients. In Japan, we learned, the approach centers on preventive care and community-provided services to reduce complications, readmissions, and overall cost of health care. In America, families are often left to manage care for elderly relatives essentially unaided. We have much to learn from a more cooperative and community-focused approach to care for the elderly instead of simply raising eligibility requirements or reducing coverage.

Spending a day with the gastrointestinal surgeons at OMC hospital brought up an interesting detail: though our basic biology remains the same regardless of where we're from, the prevalence and rate of certain diseases doesn't. Japan and much of Asia see much higher rates of gastric cancer than the United States and so procedures to treat it are routine at OMC but rarer in the US. Whether this is genetic or environmental may not be known, but it is something to consider in Hawaii, which has a large Asian population-the US is quite heterogeneous and national epidemiological statistics may not account for local variation.

Above all, what impressed me most during my two weeks at OMC was the friendliness and generosity displayed by everyone we interacted with, from students to residents, nurses, and attending physicians. Everyone was willing to step away from their daily responsibilities to share their time and knowledge with us despite the language barrier. This spirit of cooperation can be a model for medical education everywhere, and I am grateful to have been given the opportunity to experience it.

Asia Ayabe

2nd year student

John A. Burns School of Medicine

University of Hawaii

Date: 2017/06/26~2017/07/07

National Center for Geriatrics and Gerontology

Like Japan, Hawaii has an increasing elderly population, and needs to find an efficient way to provide them with the best healthcare possible. We were very impressed by the National Center for Geriatrics and Gerontology in Nagoya, and hope to someday attain the level of Geriatric Medicine we saw there.

When we first arrived at the center, we received two excellent lectures from very highly regarded physicians. Dr. Kazuyoshi Senda presented on Japan's current methods of enhancing its geriatric programs to better treat the aging population. I was very impressed by the Geriatric Center's Frailty model, which provides a somewhat objective metric for determining when to begin Advanced Care Planning for End-of-Life Care. I also enjoyed learning about the Geriatric Center's model of Homecare Medicine, which includes respite care, day care, and in-home nurses/physicians. I hope the U.S. can someday implement a similar model, which provides homecare health providers with a bonus so their patients may spend their remaining years in the comfort of their home, surrounded by loved ones.

We were also very fortunate to receive a talk from Dr. Hideyoshi Endo, the Head of the Education and Innovation Center for Geriatrics and Gerontology. Dr. Endo taught us about the steps the Geriatrics Center has been taking to bolster its knowledge on dementia and improving dementia-screening methods. We also learned about Japan's Long-Term Care Insurance Plan, which requires persons over the age of 40y to pay 4000 yen per month. In this way, Japan hopes to provide its aging population with better healthcare resources in the future.

Dr. Endo was also kind enough to personally give us a tour around the Geriatric Center. We were greatly impressed to learn that the center had 30 beds and 32 nurses, four of whom were certified dementia nurses. With such excellent personalized medical care, the patients are able to avoid many of the maladies that often plague nursing homes such as bedsores, falls, undernourishment, and nosocomial infections. Dr. Endo also showed us the beautiful facilities with many windows and a highly interactive schedule to provide the patients with positive emotional and intellectual stimulation.

We are extremely grateful to OMC and the National Center for Geriatrics and Gerontology for giving us this opportunity to learn more about geriatric medicine in Japan. We also feel very honored to have received two lectures and a personal tour from such outstanding physicians.

OMC Reflection Essay

Laura Kagami

2nd year student

John A. Burns School of Medicine

University of Hawaii

Date: 2017/06/26~2017/07/07

Neurology Rotation at OMC

One of the highlights of the elective programs was shadowing in the Neurology Department at OMC. I was able to observe and learn about a multitude of different neurological disorders that I may never have the chance to in Hawai'i. I was also very impressed with the kindness and hospitality of the physicians towards their patients and myself.

As in the rest of America, Hawai'i does not have very many cases of Guillian-Barre Syndrome (GBS). In OMC's Neurology Department however, I was able to see many patients with GBS. Since JABSOM's 1st year curriculum did not cover neurological disorders, Professor Fumiharu Kimura was very kind in teaching me about the pathophysiology of GBS. For many GBS patients we saw, I was struck by the different extents to which the patients had been afflicted. Some patients were losing control of their legs but were still able to walk with some help; others were bedridden with partial paralysis of their diaphragms.

In the Neurology Department I was also able to observe many other neuromuscular and neurocognitive disorders that I would not normally be able to see as a medical student in Hawai'i. We visited patients with Parkinson's Disease, ALS, and SCD. I was very touched by the doctors' kindness towards the patient and how compassionate they were while allaying her fears.

In every room we visited I was deeply impressed by the multidisciplinary team's respectful and compassionate manner towards the patient and their family members. Equally impressive was the consideration with which the team deliberated over the possible courses of treatment to best care for the patient in terms of their physical, mental, and emotional wellbeing. I am so grateful to OMC for this opportunity to have shadowed in Neurology, and to have learned and seen so much. I was very inspired not only by the intelligence and expertise of the healthcare providers, but also by their compassion and respect for their patients.



Words truly cannot describe how grateful I am for my experience and chance to meet so many innovative, caring, and selfless individuals. Each of the doctors, nurses, patients, families, faculty members, and students that we met shared one thing in common: they were compassionate and thankful. Patients were grateful for their doctors' hard work and diligence, and those same doctors worked tirelessly to give their patients the highest quality of care, even while balancing busy schedules and hosting and sharing their knowledge with aspiring student doctors.

I was especially impressed by the teamwork established in all of the specialty departments and hospitals/centers that we had the opportunity to visit. One memory that will forever be engrained in my mind came from our day of observing GI surgeries. We were watching four doctors standing with shoulders touching, collaborating and working seamlessly on their patient. As my gaze moved from the operating table to the TV monitors above, projecting a zoomed-in view of the operating field, I realized that I could not tell which set of hands belonged to which doctor. As one hand retracted the hepatic artery, another clamped the artery, and another waited to tie the artery off. It was remarkable to watch four physicians move in such delicate synchrony, communicating their words into action almost instantly. On the monitor, it appeared as if one surgeon was operating alone, but with the expertise of four doctors. I will never forget the collaborative efforts that we witnessed in every medical center that we visited.

I am extremely appreciative to have had the opportunity to learn from such enthusiastic and experienced clinicians. Each person that we met truly loved what they do, and this translated effortlessly into their teachings and lessons that they shared with us. Ms. Matsumoto and her colleagues worked continually and filled our days with unforgettable experiences. The students at OMC were so kind and generous with their time, taking us sightseeing in Nara and teaching us about traditional tea ceremony and kendo. Our experience was holistic, culturally immersive, and educational. It was a remarkable journey-one that I will never forget.



Osaka Medical College Reflection Essay

Carrie Ip

2nd year student

John A. Burns School of Medicine

University of Hawaii

Date: 2017/06/26~2017/07/07

During my two-week program at Osaka Medical College, I had the great opportunity to shadow a number of different specialties in the field of medicine, creating invaluable experiences that I will remember for years to come. In Pathology, I learned the importance of making a diagnosis for the surgeons in the OR. In OB/GYN, I watched the drainage of a chocolate cyst and the removal of a leiomyoma. In Rehabilitation Medicine, I learned about orthosis as well as the many causes of dysphagia that affect many elderly patients. Throughout my two-weeks at OMC, I learned immensely about what it takes to be a physician in each specialty we rotated through and about Japan's healthcare system as a whole. In addition, we also had the opportunity to interact with many OMC students that quickly became lifelong friends. One of my favorite experiences of the program was during Pediatrics. What made it so special for me was due to the ability to interact with the patients themselves. From the yawning, premature baby boy in the NICU to the smiling father holding his sleepy, post-surgery baby girl in the wards, we had the opportunity to peek into each patients' lives by listening to each of their individual stories. We also had the opportunity to see patients with a wide variety of diseases, many of which we have only had the chance to see in our textbooks (i.e. coarctation of the aorta, Tetralogy of Fallot, and laryngomalacia). After lunch that same day, we shadowed pediatric gastroenterologists performing a colonoscopy on a patient with ulcerative colitis. Since we just completed the gastrointestinal unit in medical school, I found this application of medicine very interesting. In addition, the physicians were extremely friendly and accommodating as they explained the procedure to us in detail, making the experience even more worthwhile and memorable. For several years now, I have considered Pediatrics as a specialty and having the opportunity to shadow pediatricians at OMC only solidified those aspirations.

Overall, although our time at OMC was short, every day was jam-packed with wonderful and unforgettable memories, making each day as rewarding as the last. I would like to thank everyone, especially Ms. Matsumoto and the Nakayama International Center, for making our experience at Osaka Medical College one I will never forget.

Reflection Essay

Victor Prygunov

4th year student

Amur State Medical Academy

Date: 2017/06/28~2017/07/10

Perhaps from all the unusual countries that are in the world - this, of course, is the most uncommon. Still, because its borders for 300 years for foreigners, and when they opened in the late 19th century, it took her 100 years to conquer the world. I flew to Japan. It is generally agreed today that Japan is indeed considered an amazing country, and this is true. Getting into this atmosphere, you forget about all your worldly problems, seeing how this country and these people live. The first thing that needs to be said is the great diligence of the whole of Japan's population, which is striking. People work almost every day, not sparing themselves. Once again, one kendo master was asked: "Sensei, what can you say is the most important thing in life?" And he replied: "The most important thing is to continue what has been started." To look at the world with joy, and approach oneself with all severity ... ". I learned about the trip to Japan at my university, and that I can get to a group of students who will go to Japan for medical practice. I want to say thank you to EA. Borodin and, of course, my parents for giving me the opportunity to enter this extraordinary country. The program of this practice lasted 2 weeks, and for this seemingly short period of time, I plunged headlong into Japanese culture. Surprise was at every turn. It struck literally everything: from the architecture of Japan, ending with Japanese culture, with respect to everything in life. During this two-week program I learned a lot for myself, I brought to myself interesting moments from the tactics and methods of treatment of patients of different profiles. Speaking of the shortcomings, I did not find them. Everything that I saw in this country struck me. I sincerely want to thank NICMC for their kind, human relations. I want to express my great gratitude to the professors and teachers of OMC, and of course, to thank Japanese students for their kind welcome and warm attitude to me and students from other countries. I hope that in the near future I will again be able to visit this amazing country as a student of a medical school.



TMU summer seminar in Osaka Medical College 2017

1 st week	
7/18 Tue	AM Place: OMC Hospital (9 persons) ○Introduction +Hospital of OMC +Hospital tour ○Lecture + Infection Management in OMC Hospital *8:45 Meeting at entrance of Faculty of Nursing 9:00 Arrive at the meeting room of Hospital of OMC * WEAR: Uniform, Nurse shoes, Name card Welcome reception(Lunch) *Time: 12:10~13:00 *Place: Faculty of Nursing(Lecture room 2) PM Place: Faculty of Nursing(Lecture room 2) (9 persons) ○Introduction +Seminar Schedule +OMC campus tour
7/19 Wed	AM Place: OMC Hospital (9 persons) ○Lecture +The role and activities of CNS(Certified Nurse Specialist) in OMC Hospital ○Observation +The activities of CNS(Psychiatric Mental Health Nursing & Chronic Care Nursing) *8:45 Meeting at entrance of Faculty of Nursing 9:00 Arrive at the meeting room of Hospital of OMC *: Uniform, Nurse shoes, Name card Lunch break PM Place: Faculty of Nursing(Lecture room 4) (9 persons) ○Taiwan & Japanese Culture exchange with nursing students of OMC + Introduce Taiwan culture & TMU *13:00 Meeting at Lecture room 4
7/20 Thu	AM Place: Faculty of Nursing <Group 1> Place: Practical training room 1,2 (5 persons) ○Participatory Learning + The Nursing Assessment *9:00 Meeting at Practical training room 1,2(4 th floor) *WEAR: Uniform, Nurse shoes, Name card <Group 2> Place: Practical training room 3 (4 persons) ○Participatory Learning + Learning Maternal and child health in Japan and Midwifery education system in Japan *9:00 Meeting at Practical training room 3 (4th floor) *WEAR: Uniform, Nurse shoes, Name card Lunch Break PM Place: The Nursing Association of Osaka Prefecture (9 persons) ○Lecture + About the Nursing of Osaka Prefecture *13:00 Meeting at entrance of Faculty of Nursing * WEAR: Name Card
7/21 Fri	AM~PM <Group 1> Place: Home nursing station (4 persons) ○Participatory Learning + Home nursing environment and Home nursing in Japan * 9:00 Meeting at entrance of Faculty of Nursing * WEAR: Pants(not Denim, black or navy or beige), Polo T shirt, Sneaker, Name Card <Group 2> Place: Psychiatric disorder hospital (5 persons) ○Lecture & Participatory Learning + Nursing for chronic patients with psychiatric disorder *9:00 Meeting at entrance of Faculty of Nursing * WEAR: Pants(not Denim, black or navy or beige), Polo T shirt, Sneaker, Name Card

Sat	
Sun	
2 nd week	
7/24 Mon	AM <Group 1> Place: Old people's health facilities (5 persons) ○Participatory Learning + Gerontological nursing in nursing home care in Japan *9:00 Meeting at entrance of Faculty of Nursing *WEAR: Pants(not Denim, black or navy or beige), Polo T shirt, Sneaker, Name Card <Group 2> Place: OMC hospital nursery room (4 persons) ○Participatory learning + Nursery room in hospital as employment support *9:00 Meeting at entrance of Faculty of Nursing *WEAR: Pants(not Denim, black or navy or beige), Polo T shirt, Sneaker, Name Card Lunch Break PM Place: OMC Hospital ○Visiting + Support system of cancer patients and their family of OMC Hospital *13:00 Meeting at entrance of Faculty of Nursing * WEAR: Uniform, Nurse shoes, Name card
7/25 Tue	AM Place: Health Center (9 persons) ○Participatory Learning + Learning Health promotion activities in Japan *9:00 Meeting at entrance of Faculty of Nursing *WEAR: Pants(not Denim, black or navy or beige), Polo T shirt, Sneaker, Name Card Lunch Break PM Place: Faculty of Nursing ○ Group work *13:00 Lecture room 2
7/26 Wed	AM Place: Faculty of Nursing (9 persons) ○Lecture + The service for the aged people in Takatsuki City *9:00 Meeting at Lecture room 2 *WEAR: Pants(not Denim, black or navy or beige), Polo T shirt, Sneaker, Name Card Lunch Break PM Place: OMC Hospital <Group 1> (2 persons) ○Observation +Lymphedema outpatient treatment and nursing *13:15 Meeting at entrance of Faculty of Nursing * WEAR: Uniform, Nurse shoes, Name card <Group 2> (5 persons) ○Observation +The nursing care in OPE Unit and ICU in OMC Hospital *13:15 Meeting at entrance of Faculty of Nursing * WEAR: Uniform, Nurse shoes, Name card <Group 3> (2 persons) ○Observation +The Continuing Nursing for patients with chronic disorder in OMC Hospital *13:15 Meeting at entrance of Faculty of Nursing * WEAR: Uniform, Nurse shoes, Name card
7/27 Thu	AM Place: Faculty of Nursing(Seminar room)(9 persons) ○Lecture & Experience + learning make-up therapy for female patients * 10:00 Meeting at Seminar room Lunch Break PM Place: OMC Hospital ○Exchange Meeting with OMC Hospital's Nurses (Introduce TMU Hospital by TMU students) *14:15 Meeting at entrance of Faculty of Nursing * WEAR: Uniform, Nurse shoes, Name card, PPT
7/28 Fri	AM Place: Faculty of Nursing (Lecture room 2) (9 persons) ○Final presentation & Greeting with Dr. Yoneda (Director of Nakayama international center) ○Farewell party



2017.07.17 - 2017.07.28 Osaka Medical College

Teng, Hao-Wei 鄧浩偉
3rd year Nursing student
Taipei Medical University
Date: 2017/07/18~2017/07/28

In this two weeks in OMC, though nursing-related courses accounted for the majority, the aging-related courses also impressive. In the nursing-related course, we can take this opportunity to visit a variety of wards, clinics, operating rooms, which is a great experience for gerontology health management students. As the basic nursing class changes, we won't practice in the hospital, so we are unfamiliar for the hospital clinics, operating rooms and so on. Thus this was a valuable experience for visiting the well-known hospitals in Japan. In the aging-related courses, we visited the well-known conservation agency of 高槻市 named “高槻けやきの郷”, had the home visit with “訪問看護”, cared about the physical condition of the case, wound healing, similar to our familiar Professional service activities. In “聖ヶ丘” we exercised with the enthusiasm of the elderly and had a lot of fun.

During in OMC, we had impressive subject every day.

1.Nursing system, organization, classification in OMC Hospital

In the pre-departure preparation we weren't clearly understand the nursing system in TMUH, but in the course, the professor carefully introduced the nursing promotion system, from level 1 to level 4 required conditions, pay, to how to become a Certified Nurse Specialist, CNS and its classification, work objectives and so on. During discussions with teachers and classmates, we can see that the Japanese nurses' promotion system is similar to that of Taiwan, but the salary of Japanese nurses doesn't increase with the increase of grade, which is not the same as that of Taiwan. When the nurse promote to level 4, you can become a specialist care division, after more than five years of work experience or more than three years of special experience and training, they can become CNS, every five years must have the examination to check whether it is eligible to continue to hold the position, so the number of CNS in Japan is only 1883, far below the number of people imagined. In all kinds of CNS, the cancer department accounted for the largest number, followed by the psychic, chronic disease. In OMC Hospital, there are 19 CNS accounted for nearly 10% in whole Osaka, so we were lucky to study here.

2.Home nurse

Home care is called “訪問看護” in Japanese. Japan and Taiwan have some similar places, both elderly hope they can be at home when they dying, so pay special attention to home care. Home care is usually considered for only sick people which can't go out, but in Japan, home care be provided to those who need welfare at home or discharge tracking. So the application from small to old are included. Whether in Japan or Taiwan, the population structure of the young age and family type are changing, the increase in the number of chronic patients is the future trend. In the face of such a huge social medical expenditure, both have to propose a corresponding solution, so if you can at home treatment instead of admission treatment, which may be able to effectively reduce medical expenses. In addition to the social situation, Taiwan and Japan are very similar to the insurance system, Japan has care insurance and medical insurance, medical insurance is universal to join, similar to Taiwan's universal health insurance (全民健康保險), but the insurance fee is simple, each age are the same fee. Care insurance similar to Taiwan's long term care insurance, care insurance regulate over the age of 40 need to pay insurance premiums, and according to the degree of protection of different premiums are not the same. Most importantly, in the Japanese home care system, all medical information is in circulation, but in Taiwan, the information between the various types of jobs is not in circulation, often resulting in waste of manpower and medical resources.

3.高槻けやきの郷

「高槻けやきの郷」is a well-known long term care institution, which includes home care, day care, and nursing home. The institution has a similar service to most organizations in Taiwan, but there are many small details that make people feel surprise. (1) into the organization to be replaced by indoor slippers. This is very rare in Taiwan's institutions, replaced by indoor drag can make the organization's environmental cleanliness has a certain increase. (2) elevator button design. In order to prevent dementia patients to other floors wandering, so in the fifth floor to install a small box. (3) access control design. In Taiwan, most of the passwords are digital passwords, but this institution uses the rhythm of music, making it easier to remember. (4) room location design. Using Japanese nostalgia, named after “大正通り六丁目”, so that residents can live in their familiar streets. (5) X-ray room. At present, Taiwan institutions have not seen. (6) Functional recovery training room. Each floor has the ability to restore the training room, and will be based on each floor of the residents to design suitable for their rehabilitation facilities; compared to Taiwan's institutions, it is more convenient for the residents to use. (7) laundry center. In addition to the centralized cleaning of the residents' clothes, the staffs' uniforms are also



cleaned by the laundry center, which can effectively reduce the incidence of outside infection. (8) human resources. In Taiwan, only a small number of members are local caregiver. Most are foreign caregivers provide service. But in the Japanese institutions we don't see foreign caregivers, all services are provided by the Japanese(9) users. Japan's institutions are not only serving the residents and their families, but also providing to the surrounding community residents for rehabilitation equipment, health education information, fulfilling the community health promotion.

4. 聖ヶ丘集會所

The slogan "ますます元気" has been popular for five years at the "聖ヶ丘" club. Although it is located in a humble little town, much design contain rich wisdom. When entered into the rally, stepped on the floor, I had the obvious feel with the material of the floor. It was quite different from general club. The floor here are the soft floor. If the elderly accidentally fall, this kind of floor can reduce the damage. In addition, the elders of the rallies are very enthusiastic, understanding that we can't speak Japanese, so some of them use simple words and actions, try their best to let us know what they want to express. During in "聖ヶ丘" club, I can obviously feel the differences between the elderly of Taiwan and Japan. Many of Taiwanese think when they getting old, they retire and enjoy the rest of life. Thus they gradually become the sofa potatoes, causing the decreasing body function. In Japanese elders, in addition to the late retirement, we can clearly see in the elderly society, the concept of health promotion has been deeply rooted people, so that everyone has spirit about to live is to move. During the two weeks in OMC, besides plentiful courses, both teachers and students are very kind to us. When we forgot preparing water, teachers will give us some immediately. Every day entertained us lunch, trying to give us the best service. Though sometimes we will forget the basic courtesy, such as clothing or gifts. Through a daily review, the team and ourselves will getting better and better.

Experience in Osaka Medical College

LIN, JING-YU

3rd year Nursing student

Taipei Medical University

Date: 2017/07/18~2017/07/28

Two weeks of study in OMC, is not long, but the harvest is full. The people here are very kind, so that we get a very good treatment. They often prepare snacks and supply free lunch for us. The most important thing is that warm greeting. Every teacher is very concerned about us, even if only met once. Every staff in hospital is also too. We made many friends and learned many courses here. The environment of school: The nursing department has separate campus, although it's small, the environment is beautiful. There are not only many places for students to rest but also has a beautiful garden. It's a good place to relax. The classroom is spacious and clean. It's different from Taiwan's university, the students here have one classroom, waiting for the teacher to come to class teaching. And their practice classroom is very nice. The equipment are very realistic. It's strongest telepresence for the students, perhaps it can also avoid the students errors in clinical.

In the hospital, every ward has enough space and the bed height is low, which means the patients can get out of bed more easily. Instead of Taiwan's cart, each caregiver will carry a small backpack in which he/she put the needed medical items and Alcohol. Therefore, they can move easily and improve the level of health. Although the hospital has long history, but the hospital environment is still quite clean and provide patients with a very comfortable environment.

In the curriculum, the courses mainly focus on nursing courses. It makes us have more knowledge because we are not familiar with nursing. It is very important for our department to understand the entire medical system. Therefore, we can plan for the elderly to have the perfect life. First of all, they introduce OMC to let us understand the overall Japanese care and health care system. In Japan, a number of nurses will form a group to provide services for patients. It's different from Taiwan one-on-one system. They let us have a general concept, then start the next course. It's about CNS, which is not in Taiwan, their duties is assisting the specialist, and they also can set up their own clinics. It also can reduce the burden on doctors and reduce the lack of medical staff problems. In Japan, they also have midwives, which is not in Taiwan. Their main job is assisting pregnant and new birth. In Japan, these tasks mainly complete by the midwife. They do not need a doctor, unless there



is an emergency. It is different from us, they are mainly using natural birth. The proportion of caesarean section is very low. We also visited their obstetrics and gynecology. In the experimental class also saw their midwife training. In addition to a professional simulation equipment, the students realistic exercise is more importantly. It can not improve the spot response but also reduce the accident. This is also the most impressive course in my mind. Home care is a very relevant with us, and the services provided by doctors or nurses. The system is perfect, and the subsidy is excellent too. And the team of all aspects will plan the follow-up life for the patients. This course also with the actual case and let us go home with the team to visit. In this hot summer, the nurse is always smiling to the patient, and we can feel the relationship between them is really good. I think this is their professional and responsible attitude. Finally, it is about make-up therapy. It's very special. For the beauty of the Japanese, make-up is indispensable. But for some patients with skin diseases, it has become a troubled. With this special therapy, they can solve problems.

Unfortunately, there are some courses are grouped, and each group of courses are different, so we can't learn all. In this series of professional knowledge study, they arrange some interest courses for us which is about Japanese culture. They let us communicate with Japanese students, understand some of the customs of Japan, and let us have some plans of the trip for this month. The school also arranged for us a many study tours: Osaka City Nursing Association They let us understand the knowledge of care. There are a lot of related supporting measures to provide training opportunities and also hold some courses, so that the people need to register their own.

Long-term care institution

It is closely related to our department. We visited the comprehensive type of institutions this time, including long-term care, day care center and other services. It is different from Taiwan that you need to take off the shoes when you enter the institution, and I think that the whole environment will be cleaner. It has coded lock, and it's different from number code. They use the same pattern to avoid dementia patients remembering it. It's show that they care about safety of every resident in detail. Their rooms have door plate made by wood. And their name is on the door plate, just like japan traditional house. They will know it's their room, and also feel familiar. And in the room, the bed is very low. It's convenient for them to move, and also reduce the risk of falling. The dirty clothes have the cleaning room, more importantly, the staff of the clothes are cleaned together to avoid them bring the bacteria in, which is has not seen in the Taiwan institutions. In the part of the meal, the use of sealed

insulation dining car, so that residents can eat hot food. And it also can avoid food exposure and bacteria. Each floor also set up functional training room according to each floor residents situations. And the first floor of the facilities is also for the neighborhood to use. They hope to achieve the purpose of health promotion. The institution also has X-ray room, it can immediately grasp the situation of residents. These are very different from Taiwan.

Exercise lead

This time also arranged for us to observe the elderly exercise. I have some experience about similar activities before, but I feel the elderly more vibrant in Japan. The exercise is quite popular in Japan because they develop their own way to encourage the elderly. The activities have the same content in Taiwan, with warm-up exercise, the main exercise and stretching exercises. The main exercise is feet training that day. And I think it may also be able to join some hand exercise, so that the whole training will be more complete.

Hospital operating room, intensive care unit, VIP room

This course let us visit the school equipment trip and also visit the no chance to see the facilities in usual. The hospital operating room is quite high and spacious. You can see the equipment quite novel , the environment is so clean, and the entire operation of the floor playing light music, allowing medical staff and patients to relax. The wall is also covered with many paintings, and the purpose is the same; intensive care environment is also very beautiful, so you do not feel Hospitals, and staff is also quite adequate. The bed is also adequate for patients ; come to the VIP ward, is also shocking people, like living in hotel. The number of medical staff is more than the patients, so that patients have good quality of caring, but price is expensive.

This time in Osaka medical college is very happy. We are very honored to be able to participate in this course. The place is beautiful, and we met a lot of warm people. We not only learned a lot of knowledge, but also let me learn how to share the feelings with others. Thanks to all of you in Osaka medical college and hospital. Because you pay, let us have a very full two weeks. The first meeting and leave the screen is also in my eyes, so you can't help the time living fast. Thank you a lot, and cherish goodbye.



Final Report_Taipei Medical University

Viola Chyu 璩君芮
3rd year Nursing student
Taipei Medical University
Date: 2017/07/18~2017/07/28

During a two-week study in Osaka Medical College, I learned a lot out of professors lectures and gaining plenty precious experiences. Here's a summary of what impresses me the most.

First lecture taken after we got to OMC, is a general introduction of OMC hospital. Ms. Nakayama, the vice manager of nursing department taught us about the aging population in Japan, OMC affiliated hospitals each responsible for different missions of health care, most important of all, we gained knowledge about a so-called "PNS" model—Partnership Nursing System. What's special about it is that, nurses don't work as individuals but as a group, meaning while visiting a patient, one nurse will do the work such as taking one's blood pressure or making evaluations on one's ventilation and respiration, while the other will be taking notes, keying the data into computer and upload them to the cloud. In fact, PNS is actually only a small part of cooperation system in medical system of Japan, what I observe is that the "cooperation" between multidiscipline is very common and important when it comes to doctor-patient relationship, implementing in every aspect of medical treatments and personal care. We can see plenty of consulting room in a hospital, from large ones to small ones, for multidiscipline meetings or for family consultations, either to ask about the patients' health condition or to have discussions on their following medical treatments. Moreover, it is also a room for cancer patients to talk about their matters and personal feelings, to share their ideas on what they would like after their death. "Cooperation", to me, is a truly essential concept because it is a key for patients to get thorough, complete and humanized care: when doctors, nurses, PT, OT, nutritionists, pharmacist and care manager gather round and share information with each other, they discuss thoroughly on what is best for their patients; when medical staffs and patients, along with their family members have a well-discussed meeting, patients are more likely to get the treatments as they wish. This concept is slightly different from Taiwan's system, that is to say, most hospitals in Taiwan have their staffs work as individuals rather than a group. Different occupations will have meetings from time to time yet not that often as Japan, and we don't have independent rooms for consultation, and all sorts of discussion will be done in outpatients' clinic room.

Secondly, education. I was given a chance to participate in fundamental nursing skills classes with OMC students, and I found it quite interesting. The entire process of the lecture is basically to first, have a group practicing; then to play a scenario each group was assigned in front of the whole class, at last, the teacher will start a group discussion and have the students do some reflective thinking and share their ideas of what should be revised in the process of implementing their nursing skills. What astonishes me the most is the session of group practicing: each of the group members will act as different role such as a physician, a family member, a care manager, a registered nurse and most surprisingly, a patient. Unlike Taiwan's education of only allowing students to operate on Annie(a fake doll that is used for CPR practicing, here in Taiwan we call the doll for nursing skills practicing "Grandma Shu-Lian"). This way of education not only provides students to implement their skills at a 100% realistic scenario, increasing the speed of responding to emergencies but also having student take turns to experience then to empathize what the patient have been through, so that they would have the ability to provide "patient-centered care" after they graduate and actually become a nurse.

In addition, as I mentioned above, "group cooperation" is strongly emphasized in medical system, and so is their medical education. We can see that the students are always asked to practice as a team and work as a team because they are definitely going to work with other nurses or other occupations when they start practicing in a hospital. From that I think, this group cooperation is what makes medical treatments and nursing care this sophisticated.

Third, makeup therapy. The two-hour lecture is the one that kept me lively and full of energy the entire time because I was truly intrigued by this kind of newly-developed therapy, thinking how many patients it would benefit if we transfer this therapy to Taiwan. Makeup therapy is basically the application of "the study of makeup", researching on how to make the patient feel confidence of themselves and show one side of their personality which they want the public to see. The lecturer Ms. Xiao-Dong explained, this therapy is originally for patients with skin diseases, such as Lupus or Hemangioma, helping them to disguise their pigmentation then to rebuild their social and psychological function(some patients may be insecure, feel inferior, or even pessimistic or depressive when people look at them in a strange way). However, more and more of the makeup therapy skills are intended to wipe out the wrinkles on elderly's faces, targeting for the elderly as the main client, helping them also to rebuild their self-consciousness and social support. Studies even found out that makeup therapy has been benefiting the dementias significantly, assisting them to delay the aging process. I sincerely hope that I would have a chance to study makeup therapy in the future not only for my own interests but also for the



benefits of the large aging society. Last but not least, I want to thank Nakayama International Center for a thorough, fulfilling program designed for us TMU College of Nursing students to participate. Not only we recognized that we had a lot more to learn about geriatrics and nursing but also that students and professors and staffs in OMC are very very kind to us! We are so grateful to have this chance to travel to Osaka and learn, also to share precious with you all. We are looking forward to visit again in the future!

大阪醫學大學國際見習心得

HSU, Wan Ting 徐婉婷
3rd year Nursing student
Taipei Medical University
Date: 2017/07/18~2017/07/28

This is the first two weeks in Osaka internship Osaka Medical College, I'm really glad that I learn a lot from the courses they arranged for us. All the teachers and students we met are really hospitable and kind.

During the internship, I was impressed with several parts. There is a CNS system in Japan. Nurses who reach the level 4 can get specialist qualification through the training and examinations. Nursing specialist also divided into 13 divisions, such as infection nursing care nurses, diabetes care nurses and so on, the classification is very detailed. In addition, there is PNS system in Japan nursing workplace, through more than two people to create a team cooperation, so they can improve work efficiency, and help each other complete the work, it seems to be a good system as well.

We also visited the Yancang psychiatric hospital, which the teachers said to be a well-known psychiatric hospital in Japan. In the TMU study life, I rarely learned about psychiatric nursing care issues, not to say to be familiar with special psychiatric institutions. Yancang psychiatric hospital not only accept patients suffer from mental illness, but also those who suffer from alcoholdependence. There are special wards for patients with alcohol dependence and dementia (also chronic and acute). Taiwan 's long-term medical policy is somewhat similar with Japan's, because that most of the elderly or patients die in the long-term care institutions, the recent policy prefers that the elderly can go back to their community or home, and rehabilitate in the environment they like. I'm impressed that the psychiatric

specialist will help patients prepare for the life after discharged. And there are various occupations includes physicians, caregivers, OT, PT, ST, psychiatric social workers, also family members, even the patient himself, together to hold a meeting to discuss the care plan for the patient after discharge. During the patient is about to discharge, the specialist will take them to the environment they are going to live in, and practice how to take the transportation, how to shop, and familiar with the neighborhood.

In the lecture and institution guiding tour, I really got a different view of point of Japanese medical system and Japanese long-term care system. At last, apart from what we have learned from OMC, we are always interacting with Japanese culture. We acted like a real Japanese student, wearing a collar clothes to get the train to school every day, eating Japanese and follow Japanese customs. In addition, Yuki took us to Tenjin-matsuri Festival after class, we watched the boat decorated with Japanese traditional decorations and magnificent fireworks, I'm so attracted by Japanese culture and the kindness that all the people showed us. The Japanese are always smiling and greeting, so I hope I can bring the attitude I learned from Japan back to Taiwan, and do my best job in nursing field. In this internship, I feel that one of the most challenging thing is how to digest and absorb the knowledge the teacher taught in a short period of time, and then have a comparison between Taiwan and Japan, make our own reflective thing and feedback, share with classmates and teachers. Besides, learning how to find the problem is actually the most difficult one, but I think I learned how to make it from my internship in OMC.



Experience In OMC

CHAO, YING-CHENG
3rd year Nursing student
Taipei Medical University
Date: 2017/07/18~2017/07/28

This is my first time to represent our school and participate in internships, many things are new to me. For example, Japan's culture and class content are not as same as that in Taipei Medical study.

Most of the courses offered by Osaka Medical University are major in Nursing. The courses include clinical care practitioner introduction (CNS), postpartum ward visit, chronic disease ward (kidney and autonomic immune system ward), basic nursing technology internship program, midwife education and internship, Japan Nursing (male care) history and status, home care visit, psychiatric unit visit, nursing home visits, nursery visits, community health center, lymphatic massage therapy, emergency and operating room visits, cosmetic therapy. Cause I have just learned about the basic nursing technology practice courses in Taiwan, so I am more familiar in it.

After this two weeks internship, I am impressed by the attitude of the Japanese nurses, the different care systems, the variety of the design and some nursing education. When it comes to attitude, Japan's polite attitude is very famous, no matter what kind of job are all same, let alone nursing. In the class, the nursing director of the Osaka Medical University Hospital said that the hospital is now very protective of their own staff, so that care workers can be more confident to implement the technology or care for patients, but also less worried about the consequences of medical disputes. Between caregivers and caregivers, what I see is that the chief executive of the nursing treats his subordinates very much and will not only be able to discuss the question of how to improve the problem. And caregivers treat patients, I rarely see nurses have some impatient performance, replaced by patience and careful care of patients. Although in any nursing education, patience and attention is a caregiver must have the attitude, but in the care of the Taiwan's environment, Taiwan's caregivers often mignore the basic respect because they are so busy to care patients. In view of this, Taiwan's nurse to patient ratio should be study more and improved the quality of care.

Reference to the nursing system, Japan has a very good care system. CNS (Specialist Nursing) is a very special nursing career and Taiwan does not have it. Specialists are mainly engaged in "practice", "adjustment", "talk", "ethical adjustment", "education", "research" and so on. The practice part is the hardest and most important part, because the specialized caregiver takes care

not only the patient but also the family of the patient. This "practice" is not just to care for the patient's family, but to show the Japanese in the care of the degree of care and comprehensive care system. In addition to practice, "adjustment", "ethical adjustment" is also very important and let me the most impressive part. "Adjustment" is mainly a form only, such as a doctor, a nurse, and a caretaker who communicate with each other to improve the patient's care or what the better medical care can be given to the patient, and the "ethical adjustment" is mainly between the family and the medical staff Interpersonal relationships. This is part of Taiwan's rare medical model. In addition, Japan's PNS system (Partnership nurse system) is not also appear in Taiwan. In Taiwan, caregivers are mainly responsible for the implementation of full care, that is, a person to take care of 5 to 8 patients and take full responsibility. While Japan's PNS is responsible for 5 to 10 patients by two nurses, so that not only the nurse can help each other and more efficient care of patients, which is what I think the Japanese nursing cares is better than Taiwan.

The most impressed course for me is "basic nursing technology internship course" As the reason that I just finished my basic nursing internship in Taiwan, I am more focused on the details of this class. This course is mainly in the "role play" course, the beginning of the course is to allocate different groups to think about how to demonstrate the case of injured or fallen patient which interacted with the situation of care workers. Then, several groups will circle around to show all the people what they did, and the teacher will randomly draw a few students asked them about the presentation of any comments or say the pros and cons. last, giving them the teacher's own comments. It Seems just like the basic talk and performance, but I was super impressed by it. When I recall our basic nursing experiment class in TW, we mainly face a dummy rather than a real person, although in the osce exam we will encounter a demo by the real demonstration of patients, but with the real situation in the hospital will be somewhat different. Behind this performance is that each student can learn not only to play the role of a good caregiver, or even by the patient to experience the patient's situation, this way, when we encounter the same or similar patients in the future, you can be more empathy and have more correct communication with the patient. Looking back at the basic nursing internship in TW, I think the technical part is not very difficult for me, but at first I have had some problems in communicating with the patient because I often do not know how to deal with the patient. If there are some more courses in this area, I think I can communicate on the more familiar.



Last but not least, it is a special opportunity to learn the cosmetic therapy. Cosmetic therapy is mainly done by a caregiver outpatient, which mainly provides some knowledge of some skin allergies or patients with autoimmune diseases (eg, erythema lupus) and teaches them how to make makeup with the right makeup. This make-up therapy can now be used in the "cognitive", that is, "dementia" treatment, this way, you can let the elderly to develop a regular schedule and reduce the way of dementia. In addition, the teacher has a little to explain some make-up psychology, but also live to help students live, so I was very impressed. Finally, I would like to thank Osaka Medical University for arranging such a rich course and caring for us. Also, I am so appreciate that I have this opportunity to learn and practice in Japan.

(タイトルなし)

蔡宗棋(CAI,ZONG-CI)

Post Graduate Nursing student

Taipei Medical University

Date: 2017/07/18~2017/07/28

The program of Osaka Medical College has many visited places. In two weeks program, we visited for example: Osaka Medical College Hospital、Nursery room、Iwakura hospital、聖(ひじり)ますます元気会。

In these places, I like the Iwakura hospital most. The concept of the hospital is love, trust, hope, and then cured, the hospital was established in December 1952 (Showa 27 years), outpatient three main subjects psychiatric, alcoholism, dementia, total number of beds 501 beds, including acute Treatment of 88 beds (48 cases of acute mental illness, alcohol poisoning patients アルコール system 40 bed), general psychiatric beds 233 beds, 60 beds in psychiatric beds, 60 beds of dementia treatment (cognitive disease, bread ward, shellfish), care type Medical facilities 60 beds (lemon ward レモンの wood), can provide residents of the community near the rock warehouse related mental problems medical treatment.

First class is Yoichi Noguchi(野口洋一) The theme is the history of the hospital and the status of the Japanese psychiatric medical system. The hospital is located near the town of Iwakura, where the town is a famous temple and many people will hold a wedding ceremony. Maple leaves will turn red in autumn, and other seasons will turn green. There are many people will visit here, while the plant near the planting Sakura, spring when there are many

cherry blossoms, the hospital is from the safe era of the Great Cloud Temple(大雲寺) began to have the legend, All the sickness (heart disease, eye disease can be cured),「不動の滝」・「関伽井」.After 後三条天皇の皇女 drink water to cure the mental illness, initially tea house (similar to civilian facilities) And then become more well-known to become a maintenance, and there are three maintenance, maintenance, respectively, located in different places and will do different daily activities, namely, 岡山、渡邊、村松保養所, and later three maintenance into a Iwakura hospital. The hospital is mainly open medical treatment (assisted way), 8:45 am to start free access, and now all nine of the ward there are four Management division at the door guards. Nurses let the case go to different places, such as the ability of poor who can only go to the nearby park, a better ability who can go far places to shop.

Not only to implement the patient's human care and to help patients return home .Home life is the strength of the hospital, Taiwan has a lot of long-term institutions for patients will always be in the form of constraints to limit the patient's action, it is non-human care. So that I feel the treatment is in the end is the treatment of patients or consistent care of patients, the constraints of common problems in the hospital and long-term institutions. More and more literature (treatment of dementia patients with care and care of the ethical issues) pointed out that the placement of long-term care institutions such as being seen as a child to treat or tease, changing clothes in public, was unaware of the fraudulent property, was improperly bound to give sedative drugs to reduce the burden of people. And other negative news, such events are exposed by the media. It's a problem that produce whether The Nuffield Council on Bioethics has also studied the ethical dilemma of dementia, and made 20 recommendations as a future force for the elderly.

In addition to advocating the continued promotion of short-term, immediate medical benefits, the focus will be extended to meet The long-term psychological needs of the carers, the provision of the necessary social support to enhance the continuing education that contributes to the quality of care for the patient.

So the Iwakura Hospital is not only providing medical treatment for psychiatric patients, but also with minimal restrictions. Everyone choose where they want to go to the place. Hospital also provides patients and their families to return home or return to the community to have a safe life. The hospital provide pre-discharge support to help patients familiar with the environment and the surrounding neighbors. It is also found that many psychiatric patients return to the community without the ability to live independently and have the ability to earn their own living expenses, so the hospital not only provides migrant support but also provides manual training places to provide patients with a



training place to own Production and selling bracelets, straps and other products. Not only home life support so well, but also the hospital also continued to improve.

Although the hospital is so good for us. They say that Continuing strengthen the hospital and community to take care of the continuity of the patient is their goals. Iwakura Hospital completely feel that a mental hospital of the atmosphere not at all. In past, Taiwan's mental hospital gives the impression is gloomy. And patients walking on the road makes me scaring. Iwakura hospital is not only bright light, but also can support patients to walk in the nearby community. Most important, little restraint patients' behaviors. Their ward nurses are sitting in the ward door similar to a small desk. Not only can reduce the pressure on the patient, but also can improve each mental patient smile. With their zero distance contact, I think that the closest contact to the patient's life care is the best care.

The internship is my first time to study in other countries, I went to go to Osaka Medical University for two weeks. This is my first time to the developed country.

At the beginning, we take the plane to Kansai Airport, and transfer to the subway, I felt it was so hard to know which bus we should take. The next day there is no class, because just met Japan's national holiday - the sea day, We looked around at our home, and went to the school for preparation, In fact, Although the latitude is different, the heat is as same as Taiwan, All day down, sweat constantly wet our clothes, clothes are constantly wet and dry, dry and wet, but fortunately we are strong and healthy, We were not sick, then waiting for Osaka Medical University The beginning of the trainee course. On the first day of the course, we first went to the nursing department of the hospital, which was introduced us by the various departments of the nursing department. Although it was a part of the nursing, many things I can not understand. When we asked, they were very kind to answer me. After this introduction has a little understanding of the Japanese medical system, It help me in the course of the more smoothly. In the afternoon, the college specially prepared the Welcome Party for us, And at the beginning we did not dare to get the food, because the party was not the same as we thought, We were so afraid that Osaka Medical University had a bad impression on us. After the end of the day, We are holding a sponge when the mentality to learn, meaning that like a sponge to absorb new knowledge like the idea, this day began to let me look forward to the entire Osaka Medical University arranged probation courses.

The next day, we were go to the hospital to listen to the course, the afternoon

was more special, We studied with Osaka Medical University students in classes. This lesson is about Taiwan culture, first Japanese students were told us Japanese culture, Kansai area, and Osaka Medical University, these reports have made me impressed by the Japanese culture group of students all put on a bathrobe, so I feel they are serious about the report with faithful mentality, I think this is where I can learn, and then the most content of the report I was impressed by the introduction of the Kansai region, I personally like different cultures, especially the Japanese shrines culture I am particularly interested in that kind of Mysterious and sacred feeling, I have always wanted to feel to see, so before departure, I have a little check the Japanese festival information, found that there will be 7/25 Osaka gods sacrifice, also asked them, the results beyond It is expected that they have not been to, I think this may not be the most authentic Japanese festivals it In short, in this day's exchange, let me know more about the Japanese culture. And I found that Taiwan's MRT cheap and fast, the price is not high in Japan, so living in Taiwan is very happy.

The third day of the morning trip all our members are divided into two groups, one group is to basic nursing practice practice, and my group is to study the Japanese midwife education system. In Taiwan we have no midwives, Midwives work a lot such as talking with the mother, according to the ultrasound, delivery. And midwives can only be served by women, Japan is a more conservative place, So in Japan's care work, men are very limited, whether it is the number of people or work content is limited. And then talk about delivery of the baby, they are born by the midwife rather than the doctor, all the babies in Taiwan are delivery by the doctor, and their midwives will do to help the baby safe output. This trainee also experienced the feeling of pregnant women, so we back the 8 kg of equipment, and felt that 8 kg would cause many inconvenience, not to mention the mother every day to carry such a heavy stomach work. And then we also see their practice for the birth of midwives practice, a group of at least two students, one is responsible for delivery, one is responsible for the mother, when the mother must be like a pregnant woman, must be breathing, And the midwife will then take the mother who gasped, rhythmic panting, and then breathe for a while after the relaxation, although the whole process is not very long, but really in clinical, raw mother will use the first child 11-15 hours, The second child will be 6-8 hours, the midwife will be very hard, I think the midwife is very great, the whole internship process I was most impressed by their technical practice is very serious and rigorous, unlike our basic nursing in Taiwan The technical practice is rigid, sop is not wrong, but the lack of human interaction with the temperature, I think this is worth let's think. In the afternoon, we went to the Nursing Association of Osaka Prefecture with the teacher, and we had an exchange with Japan's care-related industry



and found that Taiwan's problems with Japan were very much like that. , Human problem ... and so on, which day, these problems can be resolved.

The fourth day I went to study the Japanese home care (in the house care), this class is my most impressive one, Japan's home care is really very friendly, everyone can use this service, this service is In order to improve the quality of life of patients, why Japan will develop such a house care, there are three main reasons, namely, social, family and personal factors, the community is mainly population, disease changes, medical expenses increased, with System, the social resources of the preparation, while the family is the family type of change, the last part of the individual is the change in values, which are prompted to promote the development of the reasons for the house care, Japan for this aspect of the plan is gradually biased in the house with health care Care, so Japan introduced the care system, including the care area, mainly where you can live in 30 minutes to find the necessary services (life support, care, medical care, prevention), these are to maintain the dignity of the elderly, with support for self-reliance Life, the development of Japanese care in the house in 1920 there, but until 1980 began to have a system, from 1992 Elderly care given access to the system can now everyone in the nursing home, the Japanese development in this area has been a long time. In Taiwan, we use the National Health Insurance, and in Japan is the use of medical insurance and care insurance, the insurance system is too complicated, we asked the teacher, the teacher said no way to make it clear, so it is a pity, but the teacher Very happy I have a great interest in Japanese insurance, the teacher also gave us business cards, hoping to have questions can contact him again. I have learned that this aspect is worthy of Taiwan's reference, especially if they have cooperation between the various types of work, I think this is a very worthwhile place to learn, hope that Taiwan can have a very Good care system. Then come to the holidays, the school has arranged for students to take us out, we went to Kyoto, read a lot of the temple, after the visit I really feel that Japanese culture is really charming, although the temple filled with people, but the kind of quiet soul That feeling really did not shrink because of the number of people, I am longing to live the life of idle wild crane, and now urban development, want to see the green on the road is really very difficult, so the physical can not get quiet, you have In the soul to seek quiet, can feel in the monuments, I really feel tired of a week tired, all vanished.

Then the next week of the course, we went to the school with the hospital nursery on Monday, before the Japanese society has a three-year-old myth of the legend, that is to say with the children in the past few years, the work will be great In order to cope with this problem, Osaka Medical University set up a school yard with the hospital, mainly divided into 0 years old 1-2 years old and

3 years old, in which the main are playing with the children, and In the play with the teacher to learn social terms, like please, thank you, where the children will be the best care, parents do not have to worry.

Again on Tuesday, we went to a place like a community center, where everyone was very energetic, and he was an organization called St. Mascus, from the beginning only 10 to the present There are 200 people, and this organization will be gathered every morning in a small square gymnastics, 364 days a year, in addition to 1/1 New Year does not do, every day to maintain gymnastics, even if the rain can not resist their enthusiasm, Where I feel not only the strength, as well as the grandparents of the enthusiasm, they do gymnastics, I do feel like tired, they are really great and very powerful, hope they can remain vigorous, healthy and healthy The

On Wednesday, I went to the hospital's ICU with the OPE unit to visit, this opportunity is very rare for me, because I read the Department of Health is the Department of Health Management, so there is no chance to see the operating room, Into the operating room is really excited, I have seen before a Japanese drama than DOCTOR-X, often have surgery in the screen, I have been longing to see this picture, did not expect the desire to really come true , Their operating room is very much, the equipment is also very complete, after the visit you want to work inside.

To the penultimate day, we learned makeup therapy, this therapy is mainly based on, everyone will see the first side will give you a score, so face (face) is very important, the teacher after class Let's try makeup, and I'm not going to try it anymore, and I think it's still interesting. In the next afternoon, we took the report to the hospital nurses to listen to, we told them about our school and the hospital, probably because of the pressure of time, we did not let them know, but after the end of the question and answer Way, we try every means to answer their questions, and they are also very satisfied with our answer, really thank them.

The last day, we received the certificate, the college teacher is very warm for us to hold farewell party, the whole process is no longer as embarrassing as the first day of the welcome party, we talk with the teachers and had fun, we also sang song”甜蜜蜜” give them, and they also sang a Japanese song, the teachers are very kind, they are serious teaching, but also take care of us, thank you Osaka Medical University let me learn so many things, let me stay Under the beautiful memories, thank you Osaka Medical University, we have goodbye.



Review of Summer School in Osaka Medical University

WANG, SHYUE-DER

3rd year Nursing student

Taipei Medical University

School of Gerontology Health Management

Date: 2017/07/18~2017/07/28

Why I decided to join this program is that I want to know the relationship between patients and medical staff in Japan.

I thought the courses in this program is very suitable because I learned a lot wherever in the class, hospital or facility. During this two weeks, I learned about Certified Nurse Specialist, mid-wife, home-nursing, preschool in OMCH, the support system for cancer patients and their family, health promotion center, the OR, ICU, outpatient department and VIP ward in OMCH, and make-up therapy.

I prefer acute medical care because I'm double major in nursing, I was very excited when I visited the OR and ICU. At OR, the place is very large that is bigger than in Wanfang hospital and TMUH. It's very clean there. There are many picture outside the operation room, the atmosphere makes me comfortable, not nervous.

Another course I'm impressed on is home nursing because I truly went to their home to visit them. The patient I went to visit has many disease, Laryngeal cancer is major problem so he can't speak. He also writes to communicate with us. And there is one thing I think it's important for the patient. It's the attitude of self-support. I saw a lot of patients in Japan has this attitude. I want to learn it and use it in Taiwan. Self support can train the patients' ADL and maintain their dignity. So the patient can do what he wants to do without barrier. When the nurse arrived at their home, he said he couldn't wash his neck. So the nurse just helped him to wash his neck. And the other things he can do all. And he discussed with nurse about medicine, he wants to try the new one although it's expensive. After visiting, I learned a lot about home nursing, it's hard to do but it can give us achievement and happiness.

Although this two weeks is very busy, I feel enrichment. I learned a lot courses about nursing and long-term care. Thank you all, you provided our demands and made us the best summer school.

Experience In OMC

CHAO, YING-CHENG

3rd year Nursing student

Taipei Medical University

Date: 2017/07/18~2017/07/28

This is my first time to represent our school and participate in internships, many things are new to me. For example, Japan's culture and class content are not as same as that in Taipei Medical study.

Most of the courses offered by Osaka Medical University are major in Nursing. The courses include clinical care practitioner introduction (CNS), postpartum ward visit, chronic disease ward (kidney and autonomic immune system ward), basic nursing technology internship program, midwife education and internship, Japan Nursing (male care) history and status, home care visit, psychiatric unit visit, nursing home visits, nursery visits, community health center, lymphatic massage therapy, emergency and operating room visits, cosmetic therapy. Cause I have just learned about the basic nursing technology practice courses in Taiwan, so I am more familiar in it.

After this two weeks internship, I am impressed by the attitude of the Japanese nurses, the different care systems, the variety of the design and some nursing education. When it comes to attitude, Japan's polite attitude is very famous, no matter what kind of job are all same, let alone nursing. In the class, the nursing director of the Osaka Medical University Hospital said that the hospital is now very protective of their own staff, so that care workers can be more confident to implement the technology or care for patients, but also less worried about the consequences of medical disputes. Between caregivers and caregivers, what I see is that the chief executive of the nursing treats his subordinates very much and will not only be able to discuss the question of how to improve the problem. And caregivers treat patients, I rarely see nurses have some impatient performance, replaced by patience and careful care of patients. Although in any nursing education, patience and attention is a caregiver must have the attitude, but in the care of the Taiwan's environment, Taiwan's caregivers often mignore the basic respect because they are so busy to care patients. In view of this, Taiwan's nurse to patient ratio should be study more and improved the quality of care.

Reference to the nursing system, Japan has a very good care system. CN CNS (Specialist Nursing) is a very special nursing career and Taiwan does not have it. Specialists are mainly engaged in "practice", "adjustment", "talk", "ethical adjustment", "education", "research" and so on. The practice part is



the hardest and most important part, because the specialized caregiver takes care not only the patient but also the family of the patient. This "practice" is not just to care for the patient's family, but to show the Japanese in the care of the degree of care and comprehensive care system. In addition to practice, "adjustment", "ethical adjustment" is also very important and let me the most impressive part. "Adjustment" is mainly a form only, such as a doctor, a nurse, and a caretaker who communicate with each other to improve the patient's care or what the better medical care can be given to the patient, and the "ethical adjustment" is mainly between the family and the medical staff Interpersonal relationships. This is part of Taiwan's rare medical model. In addition, Japan's PNS system (Partnership nurse system) is not also appear in Taiwan. In Taiwan, caregivers are mainly responsible for the implementation of full care, that is, a person to take care of 5 to 8 patients and take full responsibility. While Japan's PNS is responsible for 5 to 10 patients by two nurses, so that not only the nurse can help each other and more efficient care of patients, which is what I think the Japanese nursing cares is better than Taiwan.

The most impressed course for me is "basic nursing technology internship course" As the reason that I just finished my basic nursing internship in Taiwan, I am more focused on the details of this class. This course is mainly in the "role play" course, the beginning of the course is to allocate different groups to think about how to demonstrate the case of injured or fallen patient which interacted with the situation of care workers. Then, several groups will circle around to show all the people what they did, and the teacher will randomly draw a few students asked them about the presentation of any comments or say the pros and cons. last, giving them the teacher's own comments. It Seems just like the basic talk and performance, but I was super impressed by it. When I recall our basic nursing experiment class in TW, we mainly face a dummy rather than a real person, although in the osce exam we will encounter a demo by the real demonstration of patients, but with the real situation in the hospital will be somewhat different. Behind this performance is that each student can learn not only to play the role of a good caregiver, or even by the patient to experience the patient's situation, this way, when we encounter the same or similar patients in the future, you can be more empathy and have more correct communication with the patient. Looking back at the basic nursing internship in TW, I think the technical part is not very difficult for me, but at first I have had some problems in communicating with the patient because I often do not know how to deal with the patient. If there are some more courses in this area, I think I can communicate on the more familiar.

Last but not least, it is a special opportunity to learn the cosmetic therapy. Cosmetic therapy is mainly done by a caregiver outpatient, which mainly provides some knowledge of some skin allergies or patients with autoimmune diseases (e.g., erythema lupus) and teaches them how to make makeup with the right makeup. This make-up therapy can now be used in the "cognitive", that is, "dementia" treatment, this way, you can let the elderly to develop a regular schedule and reduce the way of dementia. In addition, the teacher has a little to explain some make-up psychology, but also live to help students live, so I was very impressed.

Finally, I would like to thank Osaka Medical University for arranging such a rich course and caring for us. Also, I am so appreciate that I have this opportunity to learn and practice in Japan.

(タイトルなし)

Chang, Weilun

3rd year Nursing student
Taipei Medical University
Date: 2017/07/18~2017/07/28

During this two weeks of OMC, the deepest part of it is that Japan is more attentive and considerate of medical services than in Taiwan, and is closer to the patient's heart and to their feelings.

At the beginning of the OMC first introduced to us the "nurses" education system and classification. In the university, to the junior year, you can choose to test "nurses license"、" nurses + midwives" and "nurses + public health nurses " three directions, after the course will follow the same. Then after to the hospital, the nurses are divided into many professional categories, you can also self-study to obtain professional license, of which cancer care, spiritual care, and geographical care (home service) three of the largest number.

This classification is quite different from that of Taiwan. Taiwan does not have the same license as a professional nurse in a particular field. In addition, I think the "midwife" is the most special classification, which is different from our obstetrician. Professional to learn about childbirth-related midwives to help pregnant women, and only girls can get a midwife license, boys are not allowed to obtain a license, may be said to be sex discrimination, but the same as a woman, I think in the delivery room, only female health care workers can play a certain role Let the mother feel at ease.



(タイトルなし)

Cheng, Yenwen

3rd year Nursing student

Taipei Medical University

Date: 2017/07/18~2017/07/28

(この学生は大阪大学での研修について書いた物を送ってきています)

When I visited the OMCH ward, the most impressive is the obstetric ward. Because in addition to meet newborn babies, they also for those who died of abdomen, premature birth and other mother who lost the child prepare a suit to the children to wear. In addition there are the same color of love small cloth to give the mother, so that they will never forget their missed children, the moment really let me very moved.

In addition, we had visited the 岩倉病棟, where they are mainly related to mental illness and dementia patients. Their care station and the patient is completely open, different from the TMU's glass protection of medical personnel, 岩倉病棟 gives a more comfortable feeling, even the isolation room have to take into account the wall to open a gap, and it will not let patients feel the sense of oppression. The hospital will not be bound to the patient, only the partition of the door will be guarding the caregiver to prevent the patient go to other areas, their activities are not limited to the ward space, I think a medical environment that does not give people a sense of oppression can create a higher medical quality.

Both of which are Japanese for the sake of the patient's mind and tolerance of the actual performance, I think these are Taiwan can learn to imitate, and perhaps the main treatment content are the same, but what kind of supporting measures to allow patients to be taken seriously, and then from the beginning to change.

One day the school arranged for us to a facility in Takatsuki City, where it is dedicated to healthy elderly people to participate in promoting health-based. The day we and they did gymnastics together, even if the activity has been going on for five years, the elderly are still very dynamic loud number, although the language is different they still interact with us fervently. You can see once so many healthy elders so pay attention to their own health, willing to continue uninterrupted movement, really let me feel very happy. Maybe they saw so many foreign students to participate in activities particularly happy, grandparents also share a lot of their experience to travel to Taiwan, and even after the end of the time sent me a fan as a souvenir.

OMC's teaching resources are quite rich, in this short period of time to give us so much resources to learn. In this two weeks of internship, so I not only learn a lot of different medical and culture with Taiwan, but also met a lot of Japanese friends, really feel that the two weeks was very full and interesting time.

The school is Japan's third university - Osaka University. Two weeks of trainee immediately after the internship at Osaka Medical University. The middle of two days holiday, we visited the Kansai area attractions, after two weeks, I am more accustomed to the life of Japan. And then Sunday we dragged a bag of luggage to the Osaka University Guest House, that is a sunny day. Because of the wild area of Osaka University campus, but also in the mountain Position, so we went to the Guest House, can not wait to take a bath, After taking a bath, I felt comfortable a lot, and then we are visiting around the school and found almost no shops around the school. So we went to the 万博記念公園, and the park is very impressive to me, because I often like to watch cartoons, and in a Japanese animation, it is the theme of the Japan's 万博記念公園, although I have not seen, but I felt familiar. The sky was turned dark, we went back to Guest House, after the meeting, we are separated Day formal class preparation.

The first day of class, I was oversleep. But fortunately, there are other people to call us to wake up, or immediately let people see our jokes. And we quickly prepared, and went out. To went to the classroom from the Guest House is so far, we spent nearly 25 minutes. When we arrived to the classroom, we have been sweat, but fortunately we had bring clothes to change. The first day of the morning. Osaka university had a little introduction to the two weeks of class information, at noon, Osaka University for us to prepare a welcome party, we ate and drank, we officially began Osaka University course.

Osaka University is very diligent to arrange many courses, but unfortunately, these courses we have already studied in Taiwan. We have even more content on the Osaka University, but also in detail, advanced, The reason is probably because there are other two schools to learn together, so Osaka University maybe hope to start from scratch, but I think if the course can be more advanced, I can learn more things, although Osaka University in the course of the I was a bit out of the way, Osaka University arranged a lot of extracurricular visits, I learned a lot in it.

The first week we visited the Osaka Hospital, Trinidad Central Hospital, the nature of the two hospitals are very different, Osaka university Hospital like



OMC Reflection Essay

Taek-Su Nam

6th Year Student

The Catholic University of Korea, School of Medicine

Date: 2018/02/19~2018/03/23

our medical center, and 千里中央病院, the local small hospitals, in this two hospitals have different characteristics for me, starting from the Osaka university Hospital, although the Osaka Hospital and Osaka Medical University Hospital is very different, but the Osaka Hospital also has many characteristics, such as the paid Translation services, so that foreigners can understand the doctor's diagnosis and instructions, and the most distinctive is the Osaka Hospital emergency and fire units in close cooperation in the top floor there is a rescue helicopter, can quickly do first aid disposal. And then talked about 千里中央病院, although he is a very small hospital, but in his top three has a long term care center, the whole hospital system can be said that the sparrow is small, fully equipped.

And then we visited the three institutions in Osaka in the second week, kagoya / Kohama Community support center, day service center and small scale multi-funtual facility, these institutions have a common feature that they all attach great importance Support, although Japan are very like us, Japan are very lack of talent, but they think that it is very important for the elderly to decide what to do, they have a good faith, that is, let the elders do feel that I think I In the internships of Osaka University, the most impressive is that self-support is very important to the elderly. There is an idiom in Chinese that can be used here, that is, if we have been afraid of the elders to let them sit Wheelchair or lying bed, these elders will only become more and more serious, so we should be in the side to help him stand up, or walk, or do any activities, rather than always told him not to do this do not do that, this is worth pondering. And then there is one thing found in the institutions, they prepared a variety of activities to the elderly, such as in the small scale multi-funtual facility, they will give the elderly in the morning poetry collection, which can let the elderly focus, And training brain and mouth coordination, I think this is a very good event, in the day service center, the elderly can choose their own want to do the activities and schedule, this is a very good idea, you can let the elders do what they want , Completely in accordance with the idea of the elderly, I like this idea, which is worth learning from Taiwan.

In the first week, Osaka University arranged for us the experience of the tea ceremony, I feel very special, from the tea ceremony can see the Japanese dedication, from the wash our hands, wash your mouth to wash the heart, everything is particularly drunk, When I was still intoxicated, the teacher has soaked a cup of tea, and even drink a tea have special rules, which makes me more and more fascinated by the Japanese culture, and very happy to the opportunity through the international trainees, visit this Fascinating country, thanks to Japan did not let me down.

Introduction Osaka Medical College (OMC) provided an all-round experience of not only Japanese hospital, but also culture. The journey to OMC was both educative and fun, and I experienced the finest hospitality during my visit. Coming to OMC, I had 3 goals: to get a better understanding of Japanese culture, especially in the hospital; to learn about the overall medical system in Japan; and to learn how the aging society was affecting medicine, and how Japan was dealing with it. The program in OMC was perfect for these purposes—instead of staying in a single department for weeks or months, I spent one day in each department. In addition to clerkship at the OMC hospital, there were opportunities to visit a fire station, a critical care center for emergency patients, department of traumatology and acute critical medicine in Osaka University, a medical apparatus maker, and specialized national hospitals. OMC also provided ample opportunities for students to learn about Japanese culture via extracurricular activities. I was able to meet students face to face during the welcoming and farewell parties, and a trip to Kyoto planned by students and the Nakayama center. Finally, OMC's program included a trip to the National Center for Geriatrics and Gerontology. This was a great opportunity to learn about the problems in an aging society and potential solutions. I have no doubt that OMC provides top-level, if not the best, program for exchange students in Japan.

Week 1

Mon (2/19) Orientation, Campus and Hospital tour

Tue (2/20) Orthopedic Surgery

Wed (2/21) Microbiology and Infection Control & Transfusion Medicine

Welcoming Party with OMC Students

Thur (2/22) Neurosurgery

Fri (2/23) Radiology

On the first day, Ms. Matsumoto kindly guided us through the university campus and the hospital so that we wouldn't have trouble going around by ourselves. The hospital's structure was very complex—fortunately we were told that the main building was to be reconstructed soon. We were shown the old lecture room of OMC, which testifies that OMC is a school with tradition, history, and pride.



I had my first clerkship of orthopedic surgery (OS) and neurosurgery (NS) in OMC. These were great opportunities to get a peek into departments that I would study at back in Korea. In OS, we watched Prof. Otsuki's interviews with outpatients in the morning, and surgeries in the evening. We saw many cases hip replacement arthroplasties and osteotomies. To my surprise, patients didn't mind having me there at all. In Korea, medical students have to be careful for a fraction of patients who don't want medical students around. Another surprise was how good the OP rooms were. Curiously, OP rooms were in a new building, separated from the main ward. The rooms were wide and well equipped. All rooms seemed to have cameras implanted into the handle of the surgical lights, so that anyone in the room could see what was going on via large screens on the wall. Also, the professors were very kind and explained the cases and procedures for us. In NS, I saw my first microsurgery. The professor kindly let us manipulate the microscope, which was a unique experience.

The lecture on management of transfusion medicine by Professor Kohno was very informative. We learned about how the demographic change in Japan is a threat to supply of blood products. Other important topics were safety and appropriate use of blood products.

Week 2

Mon (2/26) Shimadzu Corporation
Tue (2/27) Pharmacology: iPS lab Tea Ceremony with OMC students
Wed (2/28) Rehabilitation Medicine
Thur (3/1) Gastroenterology Okonomiyaki with OMC Students
Fri (3/2) Graduation Ceremony
Sun (3/4) Kyoto trip with OMC students

The visit to Shimadzu Corporation was a unique experience. We were able to go into the factory to see how medical equipments like angiography systems, R/F systems, and general radiography systems are made. It was interesting to see all the steps taken when creating an x-ray tube. I thought that one of the strengths of the Japanese medical system was self-sufficiency in equipment.

Out of all the lab tours in OMC's program, pharmacology was my favorite. I always wanted to visit an iPSC lab to see how research is done with stem cells. As a student with biological background, it was interesting to go to a lab in another country. Also, Dr. Morihara allowed us to try colony picking and passaging in the morning, and contractile motion analysis of hiPSC derived cardiomyocytes in the afternoon.

The clerkship program in rehabilitation medicine was well organized, with lectures and demonstrations of orthosis, EMGs, ultrasonography, and sensory analysis. Looking around the ward, it was noticeable that a lot of thought was

going into thinking from the patient's perspective, helping patients do ADL including eating, taking baths, writing, and walking. In gastroenterology, we learned that double-balloon enteroscopy was commonly done in OMC because a doctor in OMC is famous for his skills—this procedure is rarely done in Korea. We also got to study about radial incision and cutting as an alternative to simple ballooning for strictures.

Week 3

Mon (3/5) Neuropsychiatry
Tue (3/6) Cardiology Kendo with OMC Students
Wed (3/7) Mishima Emergency Critical Care Center Medical Simulation Club: Laparoscopic Surgery and Vessel Suture
Thur (3/8) Head and Neck Surgery
Fri (3/9) National Cerebral and cardiovascular Center

Cardiology was great—Dr. Ito gave us a great lecture on heart disease pathology and its relation to heart murmurs. After that, we used "Ichiro," a simulation robot to practice auscultation and physical examinations of the heart. "Ichiro" was unavailable when I studied cardiology back home, so it was a very valuable experience. Head and neck was very interesting too—particularly because the surgery case that day was very interesting. It was extended lymphadenectomy for a cervical cancer patient. The skill of the surgeon that day was near perfection, almost artistic. In neuropsychiatry, we were introduced to the research of near-infrared spectrophotometry (NIRS). NIRS was being used to develop objective markers for psychiatric diseases like schizophrenia.

In Korea, the role of public hospitals are not very clear. So it was interesting to visit the National Cerebral and Cardiovascular Center, as well as the National Center for Geriatrics and Gerontology. The department of perinatology in the National Cerebral and Cardiovascular Center had a vital role: to take care of high risk pregnant mothers who have had congenital heart diseases. Because of the National Cerebral and Cardiovascular Center, women who would otherwise not be able to have children would be able to have children. This is an important quality of life issue—the ability to be unhindered by medical issues to make important life choices like having a baby.

The Mishima Emergency Critical Care Center was a fruitful visit as well. Japan's system for triage, distribution, and treatment of emergency patients was one of my main interests during this program because in Korea, this system is a hot area. It was interesting to see that different hospitals specialized in different levels of care: for example the OMC ER department accepted patients with mild symptoms like headache or stomach ache, while the Mishima Emergency



Critical Care Center took on much more severe cases. It was also interesting to see that triage and allocation of patients to different levels of hospitals was done by emergency life-saving technicians (ELTs) of the fire department. The fire department was also in charge of calling doctor cars of helicopter emergency medical services (HEMS). The Mishima Emergency Critical Care Center's ability to focus only on critical patients seemed to be its strong point. The while structure of the hospital was made so that critical patients didn't have to move around too much to get meet doctors, get exams, and receive treatment. Doctors and equipment were always on standby for emergencies.

Week 4

Mon (3/12) National Center for Geriatrics and Gerontology
 Tue (3/13) Dentistry and Oral Surgery Cardiac Catheterization Simulation
 Journal Club and BBQ party with general surgeons
 Wed (3/14) Anatomy and Cell Biology: Lab tour
 Thur (3/15) Physiology: Lab tour Disaster Reduction and Human Renovation
 Institution
 Fri (3/16) Forensic Medicine
 Sat (3/17) Ibaraki Creative Center: Japanese Culture Day with Local Residents

In the National Center for Geriatrics and Gerontology center, we were able to see Japan's efforts to provide adequate medical care in preparations for an aging society. In the center, we visited the biobank there serum, plasma, tissue, purified DNA, and CSF from 7000 patients (osteoarthritis and dementia) and 13000 healthy volunteers were stored. The contents of the biobank were available for researchers all around the world studying geriatrics. The center was doing research on basic areas such as the mechanisms of aging, and clinical areas like development of drugs for Alzheimer's disease. The design of the new ward of the center was impressive. Double protection of entrances, including a pressure sensing mat, was used to prevent dementia patients from wandering out of the ward. Soft materials were used on the floors to prevent fractures in case somebody well. The toilet, desk, faucet, and everything else was designed specifically so that they would be comfortable for a patient in a wheelchair. The rooms all had wide windows visible from the beds to help patients feel mentally comfortable. Various activities were available for patients during the day, both to entertain them and to help cognitive function. The amount of attention to detail—the ability to think from the patient's perspective— was the most important lesson of the day.

As medical students, we had the rare opportunity of going to the dentistry department. We listened to lectures about oral care for cancer patients and

about red candidiasis. These two lectures provided practical information that could be used as a doctor. In forensic medicine, we were fortunately able to attend an autopsy. We were able to see how doctors interacted with the police, and how exactly autopsy was performed.

Wednesday and Thursday were lab days. On Wednesday, I was very happy to be able to use a transmission electron microscope to take a picture of exosomes. We learned how to prepare samples for TEM, how to do laser capture microdissection, and how the confocal microscope can be used to take 3 dimensional images of the basement membrane in the retina. The lecture by Dr. Nabil on autophagosomes' role after alcohol intake in testicles was very interesting too. In the physiology lab, we were introduced to many experimental techniques and also got some hands on experience in PCR and microinjection into zebrafish zygote.

Week 5

Mon (3/19) General Surgery
 Tue (3/20) Obstetrics and Gynecology
 Thur (3/22) BNCT OMC Cancer Center Helicopter Emergency Medical Services
 Takatsuki Fire-Defense Headquarters Farewell Party
 Fri (3/23) Dermatology

The clerkship at surgical departments at the start of the week was an absolute pleasure. We saw a very rare case of double aortic arch in a patient with esophageal cancer. It was a long surgery, but worth looking at because it was a once in a lifetime experience. In OBGY we met Dr. Terai Yoshito, who taught us about the benefits of intermittent retractor release and washing of the surgical wound during surgery to decrease fibrosis.

My favorite lecture during the whole program was the one about boron neutron capture therapy (BNCT). It was the first time I had learned about it because it wasn't taught in my university. The BNCT seemed to be a breakthrough in cancer treatment for lesions lying close to the surface of the skin. I hope it will soon be available in Korea like it is in Japan.

In dermatology, I had an interesting experience. I told the doctors there that I spoke a bit of Japanese, and we ended up speaking Japanese the whole day. Though my Japanese wasn't fluent, I think doing a day of clerkship in Japanese was an immersive, unique experience. The doctors there we very patient with me and explained cases slowly and easily so that I could understand them. I was proud to find out that my Japanese had improved during my trip so I would be able to communicate to doctors with it. During my day in dermatology, there was a patient who talked a lot. She spoke in overwhelming volume and



about topics often unrelated to her conditions. Surprisingly, the doctor very patiently listened to her the whole time without cutting her off. Her interview lasted over 40 minutes. It was impressive that doctors were so patient during interviews, and that they were allowed to let the interview go on for a prolonged amount of time.

Afterthoughts

I am immensely thankful to the staff of Nakayama International Center for Medical Cooperation for providing a solid program to experience medicine in Japan. I am extremely thankful for the hospitality that I have received during my visit in OMC. The doctors I met in the program were very attentive and kind. The students were friendly, full of curiosity, and a joy to be with. The local residents of Takatsuki were patient with a foreigner like me, going through culture shock every day and being an inconvenience. And most of all I want to especially thank Ms. Matsumoto, who took care of our daily schedule, guided us to all our destinations, made sure we were comfortable, took many great pictures, and introduced us to fantastic cuisine and cultural experiences. After finding out about my immense interest in food and drinks, Ms. Matsumoto personalized my experience in Japan, and I could never thank her enough. The variety and quality of cuisine perfected my cultural experience in Japan. I will never forget my 5 weeks in Japan, and I hope to come back again.



Reflection Essay for Osaka Medical College

Lee Kyongjae

6th Year Student

The Catholic University of Korea, School of Medicine

Date: 2018/02/19~2018/03/23

I got off the plane and stepped into Kansai airport. It's been 10 years. I felt a warm breeze welcoming me and I felt excited. When I heard a faint train sound in the room, I realized that I arrived in Japan, and I was excited to begin the training program I had been waiting for. When I came to Japan in the past, I could not feel the culture, life, people and environment of Japan through visiting only major tourist attractions following the tour guide. I felt I could experience things I hadn't felt before during the five weeks of the elective course. In addition, Japan's medical insurance system and medical system are very similar to those of Korea, and Japan is now facing common problems of medical expenses and aging. For this reason, I expected that the elective course in Japan would be very interesting.

At first, I was worried about whether I could adapt my life. But during the training program, both the professors and the resident teachers treated us kindly. They taught me to learn, feel as far as possible from the perspective of the student. In the operation room, the professor explained each of the patients' diseases and procedures in detail, making it interesting to observe the operation over time. Especially, I was interested in ENT from the beginning but after I observed the radical neck dissection surgery, I became more interested in it. The professor finished the operation very professionally and explained the structures that were key in the middle. Although I have not yet completed my minor surgery practice in Korea, it was very useful to think about the subject I am interested in as a whole. In this regard, Nakayama center's overall scheduling in consideration of the subjects of interest to each student was also a great favorite.

Students from Osaka Medical College greeted us with joy. In particular, international club students organized a nice welcome party, tea ceremony, and a daily Kyoto tour, which helped us to enjoy life in Japan more and to adapt well. What I felt about these students was that they were not only friendly but also extremely passionate. Even though everyone had at least three clubs, it was very impressive that everyone was immersed in their studies. In addition, some students teamed up to work on a group study every morning for the SIMPIC, a quiz competition in the basic medicine field. In fact, most of Korean medical students are not familiar with such events and do not even want to



participate. That's because they are busy enough to digest their school schedules and don't want to spend their short vacations doing that. But when I listened to Japanese students, they were very busy on their own, and they were not quite different from us. It was very nice to enjoy their hobbies and work hard on their self-improvement despite their busy schedules, and I envied them on the other hand.

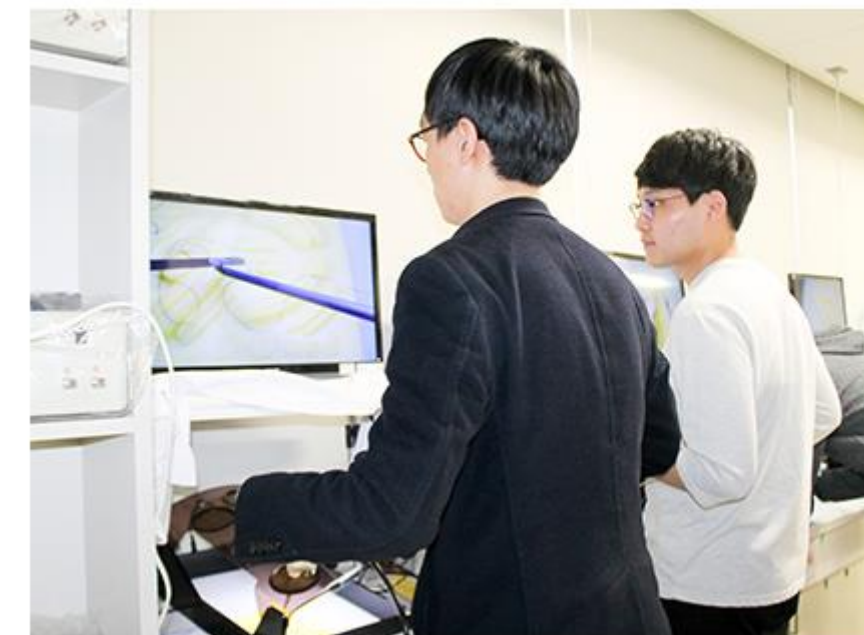
It was time to visit an outpatient clinic on orthopedic practice day. When I saw Professor Otsuki and Professor Nakagawa communicating with the patients, I felt that they treated and cared deeply. Every single patient felt very satisfied and happy. I remember a patient who told me this story during a hospital training in the past. "Patients go to the hospital for the purpose of treating the disease, but most of all, they try to gain emotional stability. Be a good doctor at heart so that they can feel being taken care of." The doctors at Osaka Medical College were the specimens. University hospitals in Korea have so many patients that they do not get enough time. In the media, this is often referred to as "three-minute treatment." Therefore, doctors treat patients only for diseases. Effective methods are important for hospitals, but patients also want to be emotionally sympathetic and comforted. Three minutes is not enough time for that. This may be due to the medical system being crowded with too many patients at the tertiary referral hospital, but there seems to be a clear need for Korean doctors to learn from the view of this Japanese university hospital.

Another reason why Osaka Medical College's practice was so beneficial was that I was able to visit a number of medical institutions and centers as well as practice at a hospital; Mishima Emergency Critical Care Center, National Cerebral and Cardiovascular Center, and National Center for Geriatrics and Gerontology (NCGG). The most memorable one was NCGG. In Japan, as in Korea, the proportion of elderly population continues to increase, and the importance of elderly welfare, medical services, and geriatric medicine is growing. In this respect, the center is putting a lot of effort into accepting and managing geriatric disease patients. It has the largest memory clinic in Japan, as well as the Center for Assistive Robotics and Rehabilitation for Longevity and Good Health (CARRL) and biobank. Various efforts have been made to treat and support geriatric diseases by actively using the latest robotics technology and the latest genomic technique in Japan. It is particularly impressive that biobank has collected a large number of human biological samples and is building a huge database for disease prevention, diagnosis and treatment studies. Likewise, if there is a central point in Korea that can integrate and manage the information needed for geriatric disease research, I think it will be possible for

the university hospital or company to further develop the level of geriatric medicine by conducting research more effectively.

One of the most impressive activities during the training program was a heart catheter simulation practice with Professor Morita. It was a time to experience PCI (such as stent and ballooning), which is mainly performed in patients with acute coronary syndrome, through the catheterization model. When I practiced in cardiology department in Korea, I only saw the heart catheterization process on the monitor, and there was no opportunity to actually touch and manipulate it. So far, our school does not have catheterization practice equipment for students like Osaka Medical College's simulation center. In fact, it was very interesting to practice catheterization on the model. I was able to easily experience the whole PCI procedure because the professor kindly explained well in the middle. It was a very good time to be able to experience in advance that I will not be able to experience for a lifetime unless I practice later in related departments such as cardiology or radiology.

The elective course at Osaka Medical University was a great choice and very satisfying. I learned and experienced much more than I expected through my training program and it was a good chance to reconsider the Korean medical system. Early spring in Japan will not be forgotten. If I have a chance, I would like to visit again. Thank you for everything.



Report for International Exchange Program in Osaka Medical College

仇文昱 (Chou Wen-Yu)

6th Year Student

National Taiwan University

Date: 2018/02/21~2018/03/30

My name is Chou, Wen-Yu, a 6th year medical student from National Taiwan University(NTU). At first, I would like to say that I gained far more than I had expected in the exchange program in Osaka Medical College. Special thanks for Ms. Matsumoto, who arranged the program and took good care of the exchange students, making my stay fantastic and unforgettable. The following article will be divided into four parts- daily life, academic schedule, cultural experience and conclusion.

Daily Life

Food: For weekdays, we usually have lunch at the cafeteria in campus. There are several sets to choose from, and the sets differ every day. For weekends and dinner, we can either eat at restaurants or buy foods in the supermarket. In Takatsuki, there are a bunch of restaurants near the Hankyu station and the streets between Hankyu and JR station. There is also a 24hr supermarket just under the Hankyu station, which is only 3 minutes of walk from the apartment.

Clothing: Usually we wear shirts in the hospital. At some events (such as graduation ceremony or some formal dinners), formal clothes are needed. As for the weather, in February it is sometimes cold so coat is needed. The weather in spring season is variable, so coats or jackets are still useful. There are some department stores near JR Takatsuki (with Uniqlo, etc.), so it's not difficult to buy clothes here.

Accommodation: The accommodation is arranged by OMC. It is an apartment, which is only 3 minutes of walk from the hospital. The apartment is equipped with a bed, a TV, a bathroom and a kitchenette. The laundry is at the first floor with 200yen per use. The apartment is in a super convenient location with Hankyu station, supermarket, convenience stores and restaurants all within short walking distances.

Transportation: Takatsuki is between Osaka Umeda and Kyoto. Both Hankyu and JR connect these places. OMC is right next to the Hankyu line, so usually I take Hankyu for travelling between Osaka and Kyoto. From the accommodation to OMC hospital is only 3 minutes of walk. Sometimes we were arranged to visit some other institutes in other cities. Ms. Matsumoto always made the detailed time schedule for us, so there were no difficulties travelling around.

Academic schedule

OMC provides the most unique schedule for exchange students. We visit different departments in the hospital everyday. Also, we have chances to visit other institutes including Shimadzu corporation, museums, Takatsuki fire department and other hospitals and medical centers such as Mishima Emergency Critical Care Center, Sakai city medical center, National geriatric center, National cardiovascular center and Osaka university hospital. I spent five and a half weeks in OMC, which provided me a rough insight into the Japanese medical system. Among all the departments I rotated, I would like to mention some of the most impressive ones.

Cardiology : At first, Dr. Ito gave us some lectures about heart sounds, which was a good and fast retrieval of our knowledge. Then we proceeded to the "Ichiro" model, which was a model simulating heart beats and pulses that enabled us to actually perform the auscultation and palpation on it. Dr. Ito set different situations, and we tried to make the diagnoses mainly based on the heart murmurs. Although the model couldn't be 100% the same with human bodies, it was a good practice.

Dr. Morita in cardiology also taught us about the catheter at the simulation center. It was my first time to understand the whole procedures of the catheter treatment of heart diseases. Although we only performed on the simulation model, it was impressive enough for practicing the real sets of catheters.

Pharmacology(iPS) : In pharmacology department, the professor and the researchers showed us the iPS cardiomyocyte. We observed and evaluated the induced cardiomyocyte under the microscope. I was also granted the chance to practice picking the iPS cell colonies. In the lab, they mainly used the cardiomyocyte to study the drugs for cardiomyopathy. Although I didn't have the idea of doing research before, this experience did enlighten me about the importance of cooperation between basic science and clinical problems. As long as there are problems to be solved, there are needs for research.

Oral care : Before the visit of dentistry department, I didn't realize that oral care is such an important issue for patients with cancer. During the lecture, I learned that there are three reasons we should perform oral care - preventing post-operative pneumonia, preventing mucositis induced by anti-cancer drug, preventing osteonecrosis of jaws related to certain medications. It was a good chance to have insights into dentists and dental hygienists' specialties.

General surgery : We were invited to a journal reading club held by the surgeons. It was so impressive that the doctors discussed and asked questions with fluent English. We were also asked to make some comments and join the discussions. After the journal club, we were invited to the Yakiniku dinner with all the surgeons, during which we chatted a lot. Frankly speaking, I seldom had chances to talk like friends with doctors in my university. The talks with the surgeons were so interesting and enjoyable.

General medicine : The talk with Dr. G - Professor Suzuki was very inspiring. We had some discussions about the condition of general medicine in Japan and Taiwan. At first, I was not so sure about what exactly general medicine is. In fact, Japan has recently established a 'general medicine' specialty, and the training program composed of training in different medical institutes and hospitals in various levels. Professor emphasized that a general practitioner would be trained with more flexibilities and possibilities.

Professor Suzuki told me that the core idea of general medicine is about the needs and resources. No matter being in what position, facing what kind of patients, all a doctor has to do is to fulfill the needs of patients with resources by hands. What's more, professor Suzuki also shared his career story with us, encouraging us to keep learning new things and not to be afraid of changes, just as Dr. G who can deal with any situation!

Mishima : Mishima critical care center is a special medical institute which is composed of doctors with different specialties, enabling the specialists to treat patients right at arrival of the hospital. In most of the medical institutes, when the ambulances arrive at the emergency department, doctors in the ER firstly receive the patients and stabilize the conditions. Consultations with other specialists are not as efficient as in Mishima. The main concept is that the specialists in Mishima would know the conditions of patients better, thus they can start the treatments earlier, providing medical cares more efficiently. It is a really brilliant system!

Osaka university Doctor Heli. : I had watched the Japanese drama-'Code blue' and had been very interested in trauma care and the system of Doctor Helicopter. The visit to Osaka university was a good chance to have insights into the emergency and critical care system in Japan. The Doctor gave a lecture about Doctor helicopter system in Japan, which was a new idea for me since we don't have this kind of system in Taiwan. I gained some practical information about helicopter. I was so surprised that the dispatch fee is free! I believed that the government must invested a lot of money to support the critical care system.

After the lecture, we had the chance to visit the control room and the heliport in person. This was the most interesting part and we took many photos, feeling like we were the actors of Code Blue.

Cultural experience

Besides the academic schedules, this program also provided many different kinds of activities. During my five weeks stay in OMC, I experienced tea ceremonies, graduation ceremony, a visit to kendo club, sightseeing in Kyoto, a visit to Asahi beer factory and Ibaraki culture day. Also, Ms. Matsumoto and the students in OMC sometimes invited us to dinner. I believed that OMC had

devoted so many efforts on the program. As an exchange student, I didn't feel that I'm a stranger. On the contrary, everyone viewed us exchange students as special guests and treated us so well.

I didn't expect the program would be so colorful and fulfilled like this! These activities enriched the program and made it even more unforgettable. The life in OMC was so enjoyable that I felt even more comfortable than at my university.

Among all the activities, I like the tea ceremony the best. We not only learned the settings and rules, but also had chances to make our own matcha. “一期一会” is the spirit of tea ceremony, saying that every encountering is unique, so we should cherish the moment. I think the saying exactly interprets my exchange in OMC, that every moment is so treasurable.

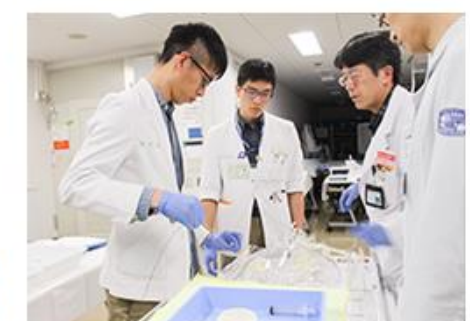
Conclusion

I am so glad that I chose the exchange program in OMC, which is one of the best exchange programs I've ever participated in. Not only the academic schedules giving me the idea of Japanese medical situation, but also the cultural activities enabling me to understand Japanese culture thoroughly (of course, there are still a lot more to learn and experience). Big thanks to Ms. Matsumoto for taking good care of us. Without her, there wouldn't have been so many breathtaking moments in Osaka!

After this exchange, Osaka is not only a travelling destination, it's more like a second home that I would like to visit again and again from time to time.



Dr. G - professor of general medicine,
professor Suzuki



Catheter simulation



Mishima critical care center



Doctor Heli.



Elective Clerkship in Osaka Medical College

呉信良 (Wu Hsin-Liang)

6th Year Student

National Taiwan University

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

When deciding which school I would like to do oversea clerkship, I was very confused since there were so many choices given by Japan. Eventually I followed the recommendation of our coordinator and chose Osaka Medical College, which later on proved to be the most correct decision I've made.

Different from ordinary clerkship programs I attended in other school in Japan, Osaka Medical College offers a unique elective program, which allows us to rotate different departments every day. We also went to several medical centers outside of OMC; for instance, Osaka Mishima Emergency Critical Care Center, National Cerebral and Cardiovascular Center, and National Center for Geriatrics and Gerontology.

We are able to attend the outpatient department or follow the residents and visit the patients in the ward. Sometimes there will also be a lecture on specific topics, such as TAVI in cardiology or nerve conduction study in rehabilitation medicine. In the surgical department, we are allowed to enter the operation room, and there will always be a resident who kindly explain the procedures to us. Besides "shadowing", we also practiced suture technique and tried PCI and stent placement in models in the simulation center. Moreover, we had the chance to visit the basic science lab like anatomy and physiology lab, and the developing boron neutron capture therapy (BNCT) center.

As for the medical centers outside of OMC, the staff in the international student office will tell us, sometimes even bring us to the place. In these centers, we can learn the highly specified medical treatment and study in Japan. For example, the National Cerebral and Cardiovascular Center is professionalized in pregnancy and delivery of mothers with congenital heart disease. Moreover, we visit the Disaster Reduction and Human Renovation Institution (the disaster museum) in Kobe and learn about the Hanshin earthquake and Tohoku tsunami. Since Taiwan is also an island suffering from earthquake, we can understand the bereavement and appreciate the cooperation on rescue mission between Taiwan and Japan.

The triage and national health insurance are quite different between Taiwan and Japan. In our hospital, emergency room are very busy and full of patients that are not so severe although we are a tertiary medical center. The tertiary

medical center in Japan are not so crowded or busy but are always ready for those who are really in need. Moreover, we don't have hospitals like Mishima medical center that are highly specialized in emergency and intensive care. During the visit to Osaka University for Doctor-Heli (Helicopter that transfer doctor and patient from far away) and to the fire station for the ambulance system, we understand that the whole emergency network is integrated by well-organized teamwork between different levels of hospitals, doctors and EMTs, and even different prefectures.

Being one of the most competitive hospitals in the Kansai area, most of the doctors and students in OMC are capable to communicate in fluent English with us. It is a pity that during my clerkship, it was their spring vacation and I didn't have the chance to meet their students in the ward. However, we rotated with two Korean students and later on with two Singapore students. We not only talked about the difference between medical systems of our own country and Japan but also compared them with each other. It was interesting to talk about how medical students deal with and study in different systems.

Although we didn't have the chance to do clerkship with OMC students, they put much effort in extracurricular activities, which means that we have a lot of fun with their students at night or on weekends. We visit Kyoto on the weekend and had traditional Japanese cuisine. We also participate in the Kendo club and Sadou club (Japanese traditional tea ceremony). It was a lifetime experience to see the club members make tea so elegantly while we tolerate and struggle from the paralysis when sitting on our knees.

Overall, this is the most exciting and educative clerkship program I've ever attended. It gives me a general aspect on the medical systems and the latest clinical technology in Japan. The program is also properly balanced between the academic part and the relaxing part. I also made a lot of friends not only from Japan but also from Korea and Singapore. I'd like to thank the Nakayama International Center, which is the "Big base" for international students, and most of all Ms. Matsumoto, the coordinator of OMC, to arrange such an inspiring program and offer nice accommodation and care for us. I'd also like to show my appreciation to my classmate Chou, all the students who in OMC, Lee and Nam from Korea, and Gabriel and Ariel from Singapore. I have a lot of fun travelling with you, and having both the teenagers' conversation and medical students' conversation. Last but not least, I'd like to thank Ms. Chang, our coordinator, who suggested the excellent choice OMC for me. I would strongly suggest anyone who'd like to do an oversea clerkship in Japan to consider Osaka Medical College, you really wouldn't regret it!

Elective Clerkship in Osaka Medical College

Gabriel Low

4th Year Student

Yong Loo Lin School of Medicine

National University of Singapore

Date: 2018/03/19~2018/03/30

Mishima Critical Care Centre stood out in its clinical importance. We were introduced to the concept of a tertiary critical care centre where only the sickest patients were selected to be treated. The team selected were handpicked from the very best and trained in multiple specialties, so the patients here are receiving care from the experts. The most memorable patient we saw was a happy patient that was successfully resuscitated after a 45-minute Ventricular Fibrillation (VF). We have learnt a lot from Professor Kobata and I believe everyone who goes to Mishima would as well. Of course, we celebrated the Sakura Season together!

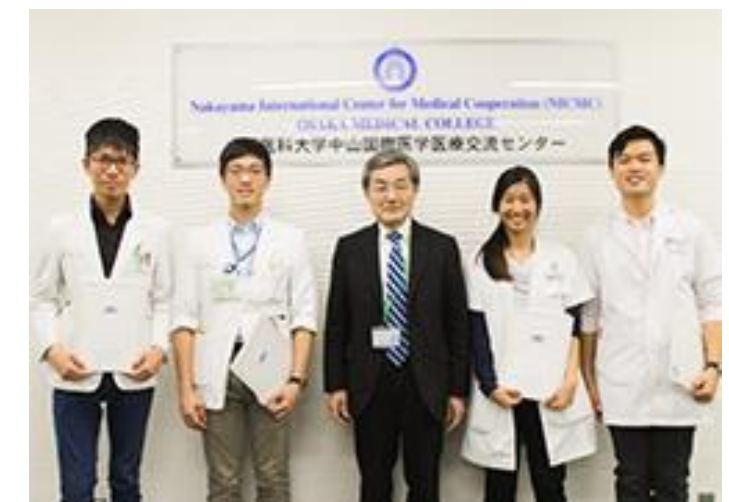
Clinical experience goes beyond our usual curriculum. We were rotated to Oral Surgery and we made friends with the Oral Hygienist. Communication was difficult because they spoke little English while my Japanese was close to horrible. With google translate, we were able converse bit by bit, and slowly our conversations went from superficial to one that challenges societal norms. One comment that stuck with me was how they shared that most Oral Hygienist were female and most dentists were male. We shared that in Singapore, in fact, we had more ladies in the medical profession, to their surprise. It struck me how learning about another culture goes beyond language. It comes from a genuine interest in the culture and our care speaks louder. Google facilitated the process, definitely, but our mutual interest in each other's culture shone through despite language barriers.

Outside of clinical time, we had friends from Taiwan and Korea. Exploring Japan's healthcare system from the eyes of a Singaporean was interesting enough. To see from the eyes of Taiwanese and Korean certainly added depth and perspective to our understanding of Japan's healthcare system. A key difference in our healthcare systems is that we have a strong generalist culture now, where family medicine plays a very large role in shaping public health and works in tandem with the 3M policy. Japan's National Healthcare Insurance scheme, on the other hand, encourages a high residency uptake, resulting in a specialist-driven attitude. While differences generated curiosity, we also learnt about how Singapore's and Japan's healthcare system fared compared to

Taiwan's and Korea's. As we navigate each other's healthcare system, we gained not just facts, but also the perspectives and emotions of a fellow colleague in another country. All these happened over meals like Kushi-Katsu and truly, learning occurs in and out of school.

In Osaka I have seen the heroics of Japan's healthcare system. "To leave no man behind" truly encapsulates the ideals of the Doctor Heli system. Flying a doctor to the site before evacuating the patient into the nearby hospital, no patient is expected to pay for the helicopter service. It is as if Doctor Heli was the modern-day superman, giving everything for the people of Japan but not asking for anything in return. Learning about the Doctor Heli system regained some of my faith in Medicine ? to save every life to the best of our abilities. My thoughts are with the victims of those who passed away in the recent Great East Japan Earthquake and I hope in years to come, the Doctor Heli system will prove the difference between life and death for hundreds in times of disaster.

Finally, without the Nakayama International Center for Medical Cooperation, none of these memories would have been possible. Ms Kimiko Matsumoto was a dedicated lady who served to bring us the best experience possible in Japan. From the tea ceremonies to the Kaiseki dinners we had that the Center organises, we feel the warmth and generosity of Japan. It has been our honour and privilege to learn from Osaka Medical College. To all future exchange students, look no further for an elective that will give you a good understanding of Japan's healthcare system, but also the Japanese hospitality that makes you feel at home in a foreign land.





Elective Clerkship at Osaka Medical College

Ho Ruth Airl

4th Year Student

Yong Loo Lin School of Medicine

National University of Singapore

Date: 2018/03/19~2018/03/30

Although it was not the first time I was doing an overseas elective, Osaka Medical College Elective program was the first exposure I had to Japan's healthcare system and it definitely did not disappoint.

First off, what struck and impressed me was the meticulous planning that went into the designing of the program for us international students. We were rotated through a new department every day and through this allowed to have an overview of how a Japanese hospital was run and allowed us to compare and contrast between that of our own hospitals in Singapore.

There were also many kind doctors who gave us lectures in English to help beef up our knowledge and even opportunities to practise on various simulations such as the cardiac simulations.

Moreover, we also got to go to specialized tertiary centres such as the National Gerontology Centre and the Mishima Critical Centre; both of which were great eye-opening experiences that allowed us to appreciate the novel way Japan has gone about combining cutting edge robotic technology and geriatric care in the former and pushing new frontiers in critical care and ICU management in the latter.

There were also ample opportunities for us to interact with the Japanese medical students and even other electives students in OMC and these were often great fun! Despite our electives coinciding with the Japanese students' spring break, we still got to meet up over plenty of dinners, learnt tea appreciation ceremony with them and made many new friends. This is something that I would fondly upon when thinking back on my time in OMC.

Last but not least, fans of the famous Japanese drama Code Blue would rejoice and be pleasantly surprised that all of us got an opportunity to take pictures with and learn about the Osaka HEMS (Helicopter Emergency Medical System)/Dr Heli system during our time at OMC!

I would also like to take this opportunity to thank the kind staffs who we met at Nakayama Internation Student's Centre especially Ms Matsumoto whose dedication in her job made our electives proceed smoothly, the doctors, nurses and other healthcare workers who went out of their way to engage us in their work despite being busy and the new friends we made during this elective! Hopefully, we will have a chance to meet again!