

attending were given in the areas of clinical immunology. Also, I received orientation of clinical immunologic tests in current use and try to interpret the results of these appropriately.

At the Rheumatology consultations, I was usually in charge of 2-3 patients. Every morning before the round, I checked the basic information like vital, overnight event or new medications and see/examine patients. After that, I gave presentations to my attending at the conference. Throughout all these process, I tried to perform medical evaluations, select appropriate diagnostic procedures, and define specific therapy on assigned patients under the supervision of the attending. My attending taught me how to examine patients, think about treatment plan and gave me useful advice to make a good presentation.

All the doctors in this department were very supportive and that helped me a lot. It has been an unparalleled pleasure and honor having them as my teacher. I really appreciate all these opportunities to improve my knowledge and skill throughout this rotation.

G-02.

中山医学大学 留学報告

(医学部医学科 6年)

○黄 弘吉、○川又 吾朗、○武藤 滉一

In anesthesiology, I attended the morning conference at 7:30. They discussed about what they should be careful in induction of anesthesia or general care while operation. I experienced mask ventilation, laryngeal mask, endotracheal intubation, IV line. Doctors let Students try to do these performance at first. They insert central venous catheter in operation room more often than Japan.

In ER, there is a morning conference at 8:15. They discussed about some patients or drugs. In Taiwan, ER see not only patients who are needed to treat immediately but also who are not so serious. It looks like a general medicine. But because I can't understand Chinese, I didn't see around "general medicine". In Japan, basically we can't do any procedure. But I could do it, for example suture and CPR and etc.

In gastrointestinal surgery, there is a morning conference at 7:30. In this conference, six and seven year students must have presentation about patients finished operation. And I observed the operation not only GI surgery but also cardiac surgery, thoracic surgery, breast surgery, plastic surgery, pediatric surgery and so on. After I learned how to suture from teachers, I could perform buried suture for patients.

In Taiwan, we saw many oral cancer patients who have a habit of chewing betel nut. So, we are interested in betel nut. It contains carcinogen but 1,500,000 people are chewing it. People who have habit of betel nut and tobacco and alcohol have 123 times risk as general people.

G-03.

济州大学 留学報告

(医学部医学科 6年)

○木村 莉菓、○酒井 夏希

We participated in a clerkship at Jeju National University Hospital (JNUH) for 4 weeks, from April 3rd to 28th. We set our goals to these 3 points. The first one is to improve our English skill. The second one is to compare Korean medical practice with the Japanese one. The last one is to find the differences in medical education between Korea and Japan. Rika rotated in Gastroenterology, Emergency medicine, Rheumatology and Plastic surgery. Natsuki rotated in Rheumatology, Orthopedics, Emergency Medicine and Family Medicine.

We couldn't speak Korean, so we needed to use English to communicate. We could immerse ourselves in an English-speaking environment, so we got used to speak English. Through our practice, we were able to find several differences in medical practice between Japan and Korea. Especially, we were impressed by the JNUH system concerning inpatients, were family members can in some cases stay overnight, next to the patients. And in pediatric surgery, their parents can be with the patients before anesthesia. There is an obviously a risk of infection but patients can relax and it can reduce the burden of medical staff. In e-learning, Japan is more advanced than Korea. We use e-learning

for the preparation and review of classes, diary and chat with professors. There is an e-learning website at Jeju National University (JNU), but it only provides recordings of lectures. On the other hand, in clinical education, Korea is better than Japan. Medical students in JNU get case presentations or journal presentations with PowerPoint in each department. They use English for medical terms. English is necessary to offer information to the world and to read papers. We think they are useful for medical students to make the world their stage in the future.

G-04.

ソウル国立大学附属ブندان病院 留学報告

(医学部医学科 6年)

○小口 綾香、○貝原 朱香

We participated in medical training program in Seoul National University Bundang Hospital. One purpose of this program is to know the common and different points of medical situation between Japan and Korea. The reason why we chose Korea is that we would like to experience medical system in a neighboring country. In fact the population composition and life style of Korea are so similar to Japan. We thought having a life in a neighbor country would broaden our perspective as medical students to be doctors.

We chose training in Hematology and Medical Oncology department from April 3rd to 28th. That's because we have always been interested in Chemotherapy. We thought we would like to learn chemotherapy intensively.

Our daily schedule is start with morning conference. After that, we rounded with professors to see patients and observed outpatient clinic. In the end of day, we participated in evening conference. Sometimes, professor gave us some lectures relevant to popular treatment for cancer and blood disease. Moreover, we could observe bone marrow transplantation procedure.

We could learn a lot of things through this experience. Firstly, we could learn how to treat cancer patients in Korea now. There are some different points in treatment compared to Japan. Secondly, we could experience

medical situation in Korea. For example, different department staff often get together to decide how to treat patients and doctors and students use medical terms in English.

In the end, this precious experience absolutely broadens our vision. We could see medical staffs in other country make their much effort to treat patients.

Thank you so much for all other people who supported us.

G-05.

台北医学大学 留学報告

(医学部医学科 6年)

○中島 直生、○中山 知章

This April, I and Ms. Nakashima went to Taipei Medical University for studying abroad. At first, I would like to introduce about Taipei Medical University. Taipei Medical University Taiwanese people call TMU is private university founded on 1960. TMU has many medical related department like medical, nursing, pharmacy, dental, and so on. TMU is located near Taipei 101 which is the tallest tower in Taiwan. And TMU is in downtown so you can see a lot of buildings.

Next, I will talk about my clerkship. I took medical training in Chinese traditional medicine, Orthopedics and Cardiology for a month. In Chinese traditional medicine, doctors use Chinese herb medicine and acupuncture for following up of cancer, relieving pain and menstrual disorder mainly. It is said that Chinese traditional medicine has few evidence for treatment, but in TMU, they throw Western medicine into seeing patients. For example, they use acupuncture along nerve Directing the muscle they want to stimulate. So I think it makes sense.

In second term, I went to Orthopedics. I joined in sports surgery group and saw operations like meniscopexy and ACL reconstruction. The arthroscopic surgery of TMU is the most popular in Taiwan. Doctors of orthopedics were so good at speaking English and they explained me about surgeries so much. After that I got more interesting in sports surgery.

The third term for my clerkship was in Cardiology.