

We learned a great deal through this clinical clerkship in foreign country. Everything was new for us, so we had positive attitude and challenged many new things in order to enjoy it.

G-08.

ペーチ大学 留学報告

(医学部医学科 6年)

○榎本 悠希、○村山 綾香、○吉岡 大和

We attended to Pécs University for our exchange program. We rotated in Pediatric surgery, Neurosurgery, Urology and Nephrology. In the surgery practice we attended to many operations and in some operations we assisted them. Not only operations but also we observed out patients clinic or hospitalized patients and we took physical examinations, which was hard because we were not able to understand Hungarian, but thanks to many doctors and medical students, finally we achieved to the diagnosed.

The biggest surprised was every doctor was able to speak fluent English. This is because in Hungary, doctors have to pass oral English exam when they get doctor license. Therefore medical students have to study English during their university and most students are able to speak English enough to communicate. Moreover almost all doctors were able to speak one more language, the most common one was Germany. Therefore Hungary is able to set three languages class, many students who want to study about medicine come all over the world. We recognized Japanese medical techniques are in the high level, but because of the languages difficulties, we are not able to spread them to the world. From the above, we would like to suggest that we should set oral English exam for some part of the doctor license. Then this would lead Japan to more worldwide country and Japanese high techniques are able to known in the world more than now.

G-09.

モンペリエ大学 留学報告

(医学部医学科 6年)

○青木 蓉子、○近藤 綾

We would like to talk about our clerkship in Montpellier University. We studied at Lapeyronie hospital that is attached to Montpellier University. We studied anesthesiology at the hospital for one month, spending two weeks each in ICU and operating room.

In France, ICU plays the role of an emergency room. ICU in Lapeyronie hospital specializes in traumatology. We saw some patients with Pelvic fracture, multiple fractures of leg in car accident. French emergency medical system is carried out by a public organization called “SAMU.” We want to talk details about this system.

In operating room, we observed ultrasound guided peripheral nerve block. Lapeyronie hospital is famous for this block. We saw this treatment many times in pre-anesthesia room.

In conclusion, we want to tell you three important discoveries during this clerkship. First, we realized the importance of being aggressive. Secondly, we want to speak English more. Finally, we realized the importance to become an international doctor.

G-10.

ケースウェスタンリザーブ大学 留学報告

(医学部医学科 6年)

○竹沢 亜美、○谷本 英里

We had a great opportunity to do clinical clerkship at University Hospitals related to Case Western Reserve University in Ohio, United States from 3rd to 28th April. We rotated family medicine department thorough a month, which professor is Dr. Masahiro Morikawa, who graduated from our university. Our usual daily schedule was twice rounds in the morning and afternoon with Professor. Morikawa and 3 residents, and lectures from Professor. Morikawa between these rounds.

In addition to the daily observation, we individually

asked family medicine doctors what each of us was interested in. I interviewed 6 doctors to get ideas how they can balance their work as doctors and family. Actually I have already done Japanese doctors with Professor. Izumi and I found that what is the most important thing to develop their careers with family is time management among American doctors while that one is partners among Japanese doctors. On the other hand, Ms. Tanimoto studied maternal death and infant mortality rate (IMR) in Ohio by three aspects, insurance, environment, and education. Surprising thing was that the rates had big differences between races and the causes of those situations are complicated intertwined.

In conclusion, we would like to express the deepest appreciation to Chairman, Board of Regents Usui, President Suzuki, Professor Williams, Professor Izumi, Ms. Nagata, and staff in the International Exchange Committee for giving us such a great chance to study abroad. Furthermore, we are most grateful to Professor Morikawa and Ms. Morikawa for their great support during our stay.

G-11.

ルンド大学 留学報告

(医学部医学科6年)

○桑原なつき、○李 美慧

We had participated in the clinical clerkship at Skåne University Hospital for 4 weeks in Sweden. Skåne University Hospitals are university hospitals where medical students of Lund University also took clinical clerkship and are located in Lund and Malmö. We both chose the Intensive Care Unit in each of the cities.

There are a lot of interesting differences in health care systems, working lifestyles, the relationships among medical workers and so on. For example, all the children up to 20 years old are free of charge in the healthcare system. Even adults, it is a fixed cost of only 13,000 yen per year even if they visit the hospital many times. Sweden is also well known by the kind acceptance of immigrants and which give immigrants the same rights to access the health care system. About working lifestyle, Swedish doctors work 40 hours per

week on the other hand Japanese doctors work more than 66 hours per week. In addition to these, the most impressive difference was the story about how the European Union network works in medical aspect. Most of the EU countries have the common organ transplantation list and sharing donors and recipients, which allows a better chance to get transplanted.

By hearing these stories, we came to realize that there is something common in the differences which sounded impressive and attractive for us. And we noticed that it is “sharing.” By sharing opinions between coworkers, it allowed us to know well about our patients. And by sharing our knowledge between different races, we could know more about our own countries. And furthermore, by sharing patients between countries, there were more lives which had been saved. As we live and globalization expand, there are more information and knowledge to obtain. But we might share it less and less just because of language barriers, although there is a great deal of valuable skills, health care and kind nationalism. We believe this is a good timing to change it for coming Tokyo Olympic 2020. We really appreciate everyone who gave us this great opportunity to broaden our perspectives.

G-12.

ロイヤルビクトリアン アイ アンド イヤー ホスピタル 留学報告

(医学部医学科6年)

○増田 大晃、○光畑 朋美

We studied otolaryngology at The Royal Victorian Eye and Ear Hospital (RVEEH) in Melbourne. Our purposes are to know the health care system and cochlear implant (CI) in Australia.

At first, patients have to see the general practitioners (GPs), and then, if they need, they are referred to the specialists. In public system, all or most part of cost is covered by Medicare which is health care system in Australia. Medicare is almost the same as National Health Insurance in Japan except for some points, for example ambulance fee. Patients have to wait for a long time, but it prevents from collapse of medical