

the conversation. But I spent almost all day with them from morning to night and got used to their speaking speed. Also I made local Vietnamese friends and set chairs on the street together and enjoyed drinking and sometimes attended their home-party. I had a lunch with Dr. Shirai who had worked in HCM city to talk about the demand for Japanese doctors in Vietnam and neighboring countries. And I also participated in the local Japanese representatives society to hear interesting stories about estate situations and economic and infrastructure situations in Vietnam.

Four week passed really quickly for me, but it was a dense time to be a lifetime memory. I've traveled to various countries by travel, but this was the first time I had stayed the same city for a while. I met various people and knew that the world I was looking at was really small. Japan's population is 120 million and will be decreasing in a super aging society. The world I was looking at will be even smaller. I felt feared that Japan including me would be left behind. In order to expand the world, at least English is required as a communication tool.

G-05

マインツ大学 留学報告

(医学部医学科第6学年)

○水谷 久紀、須原 悠史

We went to Mainz University to study anesthesiology. Mainz is in the west part of Germany and capital of Land Rheinland-Pfalz. Mainz is known as the birthplace of Johannes Gutenberg who is inventor of letterpress printing. St. Stephen Church and Mainz Cathedral are famous Buildings in Mainz.

Official name of Mainz University is "Johannes Gutenberg-Universität Mainz" named after the inventor Johannes Gutenberg. Campus of this university is very big and has many buildings. There are 35 operation rooms and about 130 anesthesiologists work there. 100 operations are performed per day.

I would like to describe things we were surprised about in Mainz University below.

First, Anesthesiologists of Mainz University have their

own specialized field. Each department has its own building and operation room. Anesthesiologists have their own subspecialties and nurses are also sub-specialized. Anesthesiologists and nurses work as a team.

Second, there are induction room. Anesthesiologists can start to induct anesthesia before operating room gets ready. They can concentrate on their works without paying attention to surgeons. Patients can also be relaxed without seeing surgical instruments.

Third, medical student can already do basic medical activity. For example, they can do mask ventilation, tracheal intubation, and can insert gastric tube and take venous line. They can also operate anesthesia equipment and take anesthetic record. In Germany, practical training is thought to be more important than medical knowledge. This is reflected to the national exam for medical practitioners and it contains oral examination. Medical student in Germany start clinical clerkship earlier than in Japan and they are allowed to do medical activity to real patient.

In conclusion, surgery is performed smoothly and efficiently because anesthesiologists and nurses are specialized and they use induction rooms. In terms of education, medical students in Germany can learn practical skills.

G-06

ペーチ大学 留学報告

(医学部医学科第6学年)

○中沢 紘右、岡田このみ

We attended to Pécs University for a month as exchange students. First two weeks we rotated Urology department and next two weeks we rotated Anesthesiology department. We were able to experience a lot of wonderful learning that cannot be done in Japan by practice in Hungary, and we could also know various perspectives on medical care by interacting with medical students as well as overseas doctors.

At Urology department, we attended the English urology classes and observed out patients and operations such as TURB, TURP and Renal cell carcinoma. We

could even scrub in the operation as a second assistant holding a camera. Almost all the surgery were for the first time for us to see, so they were so interesting. In Tokyo Medical University, Davinci, endoscopic surgery machine, is commonly used in prostate cancer surgery. But in Hungary, they have endoscopic surgery and open surgery under multiple doctors due to medical advances and insurance systems.

At Anesthesiology department, we observed operations. We performed airway maintenance with the laryngeal mask and we were shown how to read the numbers of vital sign and adjust the medicine. In Japan, laryngeal masks have not been used for surgery in general, so it was a very valuable experience for us.

Through this program, we could find out a lot of good points different from Japanese medical care and systems. By accepting the differences I felt this time and reflecting them in Japanese medical care, I wanted to be a doctor with various perspectives.

G-07

モンペリエ大学 留学報告

(医学部医学科第6学年)

○二階堂靖訓

I went to Montpellier University to study about Anesthesiology. Montpellier city is 8th largest city in France. About 300,000 people are living in this city. This city is near the Mediterranean so It is warming all year around.

I met Professor Capdevila first, he told me about Montpellier University hospital. Montpellier University consists of 5 hospitals. Each hospital has different departments. I practiced at Lapeyronie hospital. These hospitals have a total of 2,000 beds and 60,000 operations every year.

After that I started the clinical clerkship program. In this hospital, the patients get nerve blocks before take surgery. Doctors used the echo to show patients nerves. Doctors taught me that they were usually careful not to touch the artery with the needle, and they checked using the echo whether they injected the anesthetic into patients' nerve correctly.

Another 2 weeks, I studied in the ICU. The ICU has 20 beds. Almost all patients who got hospitalized in ICU were injured in a traffic accident. In France, there are many motorcycle accidents and paraglider accidents in summer. In winter, many car accidents happen. Many cities in France are built in 19th century, so the roads are very narrow and difficult to look. So, many car accidents are happening every year.

The doctors usually use paper medical records not to use electronic. Because they can see all information about patients at once to use paper medical records, and they don't have laptop, so they can't see electronic medical record beside the bed.

I saw that patients were recovering and removed the ventilator. When I took part in the clinical clerkship program in Japan, I couldn't see the patients for a long time. So it was very good experience for me.

It makes me grow very much to study abroad. We can't see the medical care what I saw in France. If you have a chance and courage, you have to go to another country to study.

G-08

ウディナーネ大学 留学報告

(医学部医学科第6学年)

○太田 行紀、小宮山紘史

We conducted a one-month training in pediatrics at Santa Maria della Misericordia Hospital, which is affiliated with Udine University in Italy. We participated in the outpatient clinic of Allergy and Neurology for one week, Emergency department for one week, and ward training for two weeks.

The goals of our clerkship were, 1) Learn medicine in English (Italian), improve language skills, 2) Learn the nature of medical care in Italy, 3) Learn the Italian culture and communicate actively with local residents, 4) Participate in the team medical care as much as possible, 5) Broaden our perspective. The medical school system in Italy was the same six-year system as Japan. The major difference of medicine between Italy and Japan was the number of doctors and the time spent on one patient. In a large private office, average of three or