

學海築夢/新南向學海築夢學生出國實習

心得報告內容大綱

獲補助年度	108年
薦送學校、系所、年級	長庚大學、醫學系、六年級
中文姓名	蔡曜宇
國外實習國家(含城市)	日本(埼玉縣)
國外實習機構	埼玉醫科大學附設醫院
國外實習考評成績或評語	Excellent
短片時間及標題	
一、緣起 二、國外實習機構簡介 三、國外實習企業或機構之學習心得 四、國外實習之生活體驗 五、國外實習之具體效益(請條列式列舉) 六、感想與建議	

一、緣起

It's such a pleasure to enter the project. I chose to go to Japan because I loved the drama and animation about Japanese hospital. It is actually why I chose the occupation. I wanted to go to see Japanese hospital so bad. Now, there's my dream come true. This month, I dedicated all my strength on the clinical practice. I hope I can learn something great of the country.

二、國外實習機構簡介

Saitama Medical University is in the rural area in Japan. The university is on a small village called Moro. The nearest station Moro JR station doesn't have a lot of train. The nearest train station with function requires 20 minutes of walk. Saitama Medical University has three branch. The first is beside the campus, Moro hospital. The second hospital is Hidaka campus, about 15 minutes of drive away from the university. The last one is on a big city named Kawagoe.

I mainly stayed in the Hidaka hospital. It is a medical center with approximately 1000 beds. The hospital is famous for its cardiology and cancer center. There are a few doctors studied in John Hopkins before. Although Saitama Medical University is not a good university. However, the Hidaka hospital is absolutely a good hospital in Japan.

三、國外實習機構學習心得

I. Experience in Saitama Medical University

It is such a great experience to Saitama. People are so eager to have foreign friends in both hospital and the campus. I stayed in Hidaka campus for all of my curriculum. Hidaka campus is a new hospital with JCI certification. It's a beautiful place with enormous lobby and bright terrace for both patients and staffs to relax.

. Cardiology in Hidaka campus:

Cardiology in Hidaka campus is one the most famous cardiology center in Japan. The relationship between Chang-Gung university and SMU started here. Dr. Matsumoto for SMU and Dr. Yeh from CGU have been friends for almost 30 years. Doctors in this department knows our teachers very well.

The department is probably the busiest department in Hidaka campus. Every day, we started at 7:30 with conference. I usually left at 4 to 5 o'clock. However, the teachers usually still got plenty of works to do. Cardiology is also a place with diversity. In my rotation at CV, I saw internal medicine, surgery and basic science of the department.

. Professor Round:

Professor Muramatsu is my supervisor. On Tuesday, there will be a professor round after the morning meeting. He ran through all the inpatients in the ward. After greeting the patients, he would turn to me and explained the patient's brief history. SMU Hidaka campus was a medical center, and Japan has a great grading system compare to my hometown. There were overwhelming amount of rare diseases in ward. Cardiomyopathy (DCM, HCM, HOCM) is probably the most common disease in the CV ward. Other diseases like Takotsubo cardiomyopathy or giant cell effusive myocarditis, I've never read these diseases on my textbooks!

. Procedure Days:

Wednesday and Thursday are the procedure days of the arrhythmia team. I spent most of the time with teachers in this team. Professor Kato also visited my school several times. He is a gentleman with passion on education. Doctor Tsutsui just came back from the USA in April. He took care of me most of the time in the department. Doctor Hasegawa used to be a member of this exchange project. We talked a lot during the operation.

Every procedure day, I scrubbed in for 5 to 6 hours. The procedures of arrhythmia are rare experience among all the medical students and even residents. I attended to arrhythmia ablations. Both radiofrequency and cryoballoon therapy were performed during my stay. Every Thursday, there would be pacing device insertion operations. I scrubbed in to the table to participate in CRTD insertion. The operation was about placing the leads to RA, RV and coronary vein. It usually takes 4 to 5 hours. I was treated like one of the staff the group.

. Research Lab:

Professor Senbonmatsu's lab is about basic research of IPS (induced pluripotent stem cell) in cardiology. The lab aims to produce ex vivo heart by patients' tissue using the IPS technique. In the afternoon, I stayed with Doctor Tanaka. He was in his MD program, and he was doing a methodological research on improving the efficiency of the production of IPS myocardium. Japanese doctors are more passionate in basic science compared to Taiwan.

. Rehabilitation Center:

SMU Hidaka campus has one the best cardiology center in Japan. Not only pharmacy treatment and interventional treatment, rehabilitation was also emphasized in this hospital. ADL function was recorded in the chart. After the PCI treatment, the patient started bedside rehabilitation on the next day, and they would be transferred to rehabilitation center. However, the ratio of patients accepting post-AMI rehab was only 10% in Japan. SMU was advanced in this field.

. Hematology in Hidaka campus:

Hematology is also a field I'm interested in. The knowledge and clinical trials

renew in incredible speed. The department was not as tough as cardiology. I got to have time to talk with teachers and finish this report.

. Casual Daily Activities:

Dr. Okamura was my supervising doctor. Every day he gave me a short lesson of hematologic diseases and gave me some easy work out on doctor's cases. We browsed through the case together. In the afternoon, Dr. Okamura would arrange plenty of little activities for me, such as watching procedures of bone marrow aspiration and biopsy, a lesson about blood smear, visiting OPD chemotherapy center, and accepting new patient. But most of the time we were just staying in the conference room to have a nice chat about cultural difference.

. Case Conference:

The case conference in Hematology is very unique. Every doctors should make a flow chart of the patient's CBC data to check to treatment effectiveness. Every patient is presented to Professor Asao and doctors make sure whether the patient's treatment plan is on the correct direction. After case conference, mortality morbidity, improvement meeting was held on the same place. They discussed the pass-out patient about his treatment and course.

. Professor Round:

After case conference and MMI, Professor Asao visited every patient with all the doctors. The most important thing I learned in Japan is to maintain a great patient-doctor relationship. Dr. Masao is so polite and friendly to all the patients.

. Journal Reading:

On Friday, there was a journal reading about basic science. Just as I mentioned, Japanese teachers were so ambitious and paid so much attention on basic science researches. Today's article is about hematopoietic stem cell. Dr. Okamura had me read the journal and discussed with all the teachers.

四、國外實習生活體驗

As a student in the exchange program, we shall study hard in the hospital. Meanwhile, we should play hard to experience the culture. Every time a traveled to Japan as a backpacker, I just felt like observing across a window. This time, I really appreciated the chance to step inside the culture with all the friends.

. Kawaguchiko Seminar:

Kawaguchiko seminar is the entrance of the program. I guess everyone will be talking about this. So here I would just list out the impressive events.

1) Dr. Deshpande's lectures: Dr. Deshpande gave us two lectures in Kawaguchiko seminar. The first one was about differential diagnosis. He gave us a clear thinking

process of approaching patient and building up our differential diagnosis models. The second lecture was about the medical system and culture in Japan. It really helped us with the rotation in hospital.

2) BBQ and parties: The most amazing part I found in the seminar was “Joke Night” and the drinking party at night. You can find the other aspect of the nation. In the morning, everyone is neat and polite. At night, you can feel the passion deeply suppressed inside their mind. I was just smashed by the Japanese.

. Nagatoro and Chichibu:

This is the one of the most interesting trip in my life. We went with Taiwanese team and Swedish team. Chichibu was a place deep into the mountain. It's fairly difficult for backpackers to reach the place. In the morning, we went rafting in Nagatoro along the gorgeous view of Aragawa. After the exciting experience,



Rafting at Nagatoro with Sweden team



Mimicking the famous Anohana scene

we went to real hot spring and had local delicacy.

At the end of the trip, we went to Mitsumine Shrine where is surrounded by cloud and mist.

. Other tour:

One of the best things about this project is that Japanese students can take us to place that backpackers usually miss. I went to maid café to experience the Japanese “Moe” culture. In the weekday night, we went to all sorts of entertaining place around. The most interesting part is the Japanese drinking party. This nation is drowned by alcohol at night.

五、國外實習具體效益

1. 在國外實習天數達30天
2. 每日見習時數長達八小時
3. 與日本和世界醫學生交換聯絡方式
4. 了解日本醫療常規制度與台灣的差異性
5. 學習心臟內科與血液腫瘤科實用知識

6. 心臟內科實際手術觀摩達5台
7. 血液內科每日參與病房回診

六、感想與建議

The exchange program is absolutely one of the best experience in my life. The hospital and school were so generous to all the exchange students. Every department we went held welcome parties for me. Teachers and students here are so friendly and behaved to exchange students. However, friendliness isn't always equal to being open-minded.

Japan is the most familiar foreign country for me. This is my eighth time in the Japan. I have been studying the nation's language for five years. I thought I know this country so well. However, Japan has numerous details and unique culture that is different and isolated from other countries in the world. For instance, Japanese hospital has no English at all. Chart is written in Japanese. Textbooks are all in Japanese. I met two types of doctors. The first type thought Japanese students should learn more medical English. However, there are some teachers think that we can still be great without it. In my opinion, the nation has a great system protecting both staffs and patients. Maybe foreign language is not required to make a living. However, in my place you should be international and multilingual to stay alive.

Japan is a country with great system. I'm moved by the professionalism and passion of the doctors here. I'm glad I understand Japanese, which is a key to get into the culture. This month in Saitama, I met a lot of good friends and teachers and even make friends with some teachers. The visit won't just become a decent memory or experience. I'm feeling that this program may change my life.