



There are a wide variety of exchange programs for young people at different levels. TMDU students and young researchers improve their skills by participating in training programs abroad.

Reports of TMDU Students in the World

Report 01

Study at Imperial College London



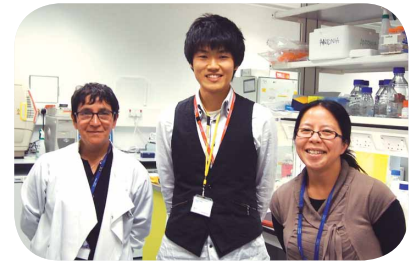
Takahisa Mikami
4th year student, Faculty of Medicine
TMDU-Imperial Exchange Program



TEN YEARS HAVE passed since the exchange programme with Imperial College London (ICL) started. In commemoration of its 10th anniversary, I would like to express deep appreciation to Prof. Masao Takata, one of the principal founders of this project and a professor at ICL. The well-established curriculum helped us acclimatize ourselves to life in London comfortably, even though this was my first time to live abroad.

In London, all five of the exchange students from Japan belonged to a separate laboratory. My research was on a protein that can play a vital role as the bridge between circadian rhythm and metabolic regulation, involving condi-

tional knockout mice. I was glad to have this intriguing topic. At the same time, it was really fortunate to have a great supervisor. Every time I discussed things with her, I was amazed by her deep and comprehensive knowledge, as well as her insightful comments and suggestions for my experiments and report. Sometimes we also touched on the subject of the culture, education, and medical systems in the U.K. and Japan. She always gave me something to mull over. She also taught me the advantage of collaborating with researchers outside the laboratory by letting me do so. It seemed to me that collaboration enabled her to handle big, state-of-the-art research projects that one single labora-



With my supervisor and the technician, who always helped me learn a lot about research techniques and scientific thinking.

tory could not deal with.

Because I've had an interest in research since I entered TMDU, I have been involved in some kind of research every year. Although what I've learned during the period such as the research techniques and scientific thinking really came in handy, I still had a lot to learn in the lab, and I have to admit I occasionally made some mistakes. I still remember that my supervisor encouraged me at times like that, saying, "It's not the end of the world, and what is important is how much you can learn from the mistake". She was a good role model as well as my mentor.

ICL is full of opportunities in many respects, too. From an educational point of view, the university hosts a series of seminars. I attended seminars about diabetes once a week. Moreover, in London, extracurricular activities also come in all shapes and sizes according to your interest. I attended some official medical seminars to learn the advantag-



All five of our exchange students from TMDU, in a visit to Queens' Square in the University College London (UCL) hospital.

es and disadvantages of the British medical system. This was quite fruitful because this let me reconsider Japan's medical system. I also joined the handball club in ICL and the club team in London. Playing sports in club which is a bit like an international team, and going out to a pub for a drink afterwards were great ways to work off stress. Besides, ICL can boast of the diversity of its students, with students from abroad with a range of backgrounds. So it was also interesting to discuss differences in cultures and lifestyles with them. This way I really enjoyed immersing myself not only in research but also in the culture in London.

There are many benefits of studying abroad while you are an undergraduate. Gaining an appreciation of a foreign culture, making a network for your future, and improving your second language skills are only a few of the benefits. In my case, I was able to enjoy fulfilling, enriching, and academically intriguing experiences, thanks to the continuous support and warm encouragement of my supervisor and all the people who provided me with this precious opportunity. Whatever your goal of studying abroad might be, I can assure you, studying abroad is literally a once-in-a-lifetime adventure you cannot afford to miss, where you



Games as a member of the club team in London in the Copper Box Arena, which hosted handball tournaments at the 2012 Olympic Games in London.

can make both academic and personal progress.

Report 02
Wonderful People in Chile

Keigo Sugisawa
4th year student, Faculty of Medicine
Project Semester in Chile



ABOUT TWO MONTHS have passed since I came back from Chile. One of the most frequent questions I get from my friends is "Do you want to go back to Chile again if you get a chance?" My answer is "Sure!". In this report, I would like to share my great experience in Chile with all of you.

I was in Chile last year (2014) from July till November. I went there with five other classmates and we belonged to different laboratories of the University of Chile or in a hospital named Clinica Las Condes in Santiago. I joined

the laboratory of integrative physiology at the University. My research was on acute kidney injury and proteins associated with the relevant mechanisms. My supervisor was very supportive and informative. He was very fluent in English, so for the first several days I had difficulty in following what he meant. However, as I got used to the pace of his conversation, I came to be able to respond or ask questions quickly. He taught me not only how to perform experiments but also about scientific thinking, which was essential for plan-



With my supervisor and members of my laboratory

ning my research project. It was a meaningful experience to discuss my results with him. He was so energetic that he worked not only in the laboratory, but also for a hospital as a clinical doctor. He is now my role model and I want to become like him. I want to pursue clinical practice, while serving as a researcher and instructor like him. The professor of the laboratory was a great mentor and he gave me much valuable advice on my research plan and experiments. He also taught me how to give a good presentation. Thanks to him, my presentations became much more informative and persuasive. Other members of the laboratory were also friendly to me and gave me several tips on experimental methods. Casual chats with them helped me to relax. I spent enjoyable days working hard with great teachers and researchers. I was so lucky to collaborate with them.

Besides the research experience, the Chilean people I met were impressive



Dinner with lab members

too. My senior students who went to Chile before introduced us to some of their Chilean friends who studied Japanese. We went around sightseeing in Santiago, had some parties and enjoyed chatting with them. I was surprised to learn that some of them could speak fluent Japanese. Seeing them, I gradually developed an interest in speaking Spanish. In addition, we encountered some Chilean medical students by chance. It was interesting to talk about different topics related to health care

and compare the Japanese and Chilean medical situation. I also met several Japanese students who came to study in Chile and listened to their interesting stories about different fields.

As I mentioned above, I met wonderful people in Chile from many walks of life and I had unforgettable experiences with them. This is why I want to visit Chile again. On the final day of my research, my supervisor said "It's a small world" and he suggested that we might see each other again. I definitely hope

so, next time as medical professionals. My experience stimulated me to study Medicine and English harder.

Finally, I would like to express my gratitude to all the teachers and staff of the University of Chile, TMDU, and the Latin American Collaborative Research Center (LACRC). Their support enabled me to visit Chile and focus on my research without any serious trouble. I am also grateful to my classmates who I went to Chile with and all my friends in Chile.

Report 03
Babies, Cardiac Surgeries, and Boston Strong...

Sayaka Kawamura
6th year student, Faculty of Medicine
HMS Exchange Clerkship Program



We are supportive of each woman's choices around pain control in childbirth. OB Anesthesia team, at BIDMC

"CONGRATULATIONS! YOU HAVE a beautiful baby". I have started many days with this greeting, smiling and shaking hands with new parents. I participated in a clerkship program at Harvard Medical School. I spent a pleasant month with the Obstetrical (OB) Anesthesia team at Beth Israel Deaconess Medical Center (BIDMC) and the following month with Cardiac Anesthesia team at Massachusetts General Hospital (MGH).

At Labor and Delivery service, the OB anesthesia team provides analgesia for labor, and anesthesia for cesarean delivery. I have experienced a lot of procedures for epidural/spinal anesthesia with residents and attending doctors. They encouraged me by demonstrating the procedure step by step. They also clearly informed patients that I was a

medical student and then patients readily agreed to let me treat them. I was really happy when a woman who was just having her first baby said "Thank you, Sayaka, thank you..."

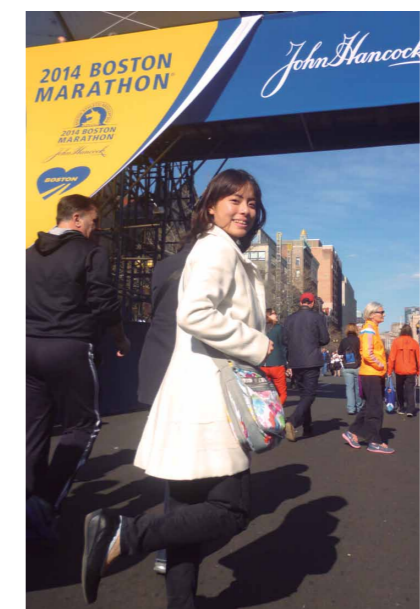
Also, I have observed some high-risk deliveries complicated with placenta accreta, vasa previa or pregnancy induced hypertension. I realized that the key to the success of those deliveries was to take a multidisciplinary approach and ensure sufficient preparation. In one case with a cesarean section

with placenta accreta, a special team including obstetricians, urologists, anesthesiologists, neonatologists, nurses and other co-medical staff was formed, and all possible medications, blood and devices were prepared. In that case, only two out of ten units of blood were transfused to the patient after all but when it comes to massive hemorrhage, there isn't a moment to lose.

In the following month, I participated in the management of a cardiac surgical patient. I have taken part in surgeries including 11 coronary artery bypass grafting (CABG), 14 valve replacements, 2 aortic procedures and 5 others. In some cases, I experienced central/arterial line placement, intubation and hemodynamic monitoring. Management of weaning off cardiopulmonary bypass was often difficult as a result of structural or functional cardiac abnormalities or ventricular dysfunction. Though the management of the cardiac surgery was complicated and difficult, residents and fellows were willing to teach me the mechanism of hemodynamics. It really helped me to understand cardiac anat-



A lot of machines in cardiac surgery OR, at MGH



Boston Strong, at the finish line of the Boston marathon, Boylston Street

my, physiology and how to read echocardiography.

In addition to the clinical training, I had a chance to meet some active physicians. For example, the course director of cardiac anesthesia was a Croatian female physician who had lived in the U.S. for more than 20 years. She considerably took care of me and gave me practical advice about how to manage English presentation as a foreign language. There were also some Japanese physicians who worked at MGH. It was

a good shock for me to see that they have adjusted themselves to their environment by extraordinary effort.

In addition, I would like to mention my daily life in Boston. For two months, I had a good experience at a homestay with my friend. We stayed in rooms on the third floor of a traditional house and enjoyed doing our own cooking, talking with the host family and being invited to an Easter party. Early in May, the whole town was filled with the slogan "Boston Strong" and it was dec-

orated with blue and yellow, as a reaction to the Boston Marathon bombings in April 2013. That horrible affair suddenly seemed real to me. I felt that an indomitable spirit had been passed on to the people in Boston.

Finally, I would like to express my deepest gratitude to the attendants, fellows and residents at BIDMC and MGH, my host family, teachers and friends at TMDU and my family for giving me this wonderful opportunity in Boston.



At the laboratory bench at JCSMR

because some proteins merely accumulate in cancer cells without function (e.g. p53, a famous tumour suppressor protein). Thus, it was essential to show that the increasing GGCT kept its activity in cancer cells.

Initially, the results were quite different from what I was expecting. No sooner had I shown the strange data to Phil than he pointed out the possibility of non-specific reactions caused by miscellaneous cellular organic compounds. Then, he suggested a way to eliminate them by applying appropriate controls. Following his advice, I eventually obtained beautiful data and succeeded in publishing a full paper on GGCT as a novel biomarker. More than anything, he emphasised the importance of a scientific attitude, to observe things from various aspects.

In ANU Medical School, I belonged to the gastroenterology and hepatology unit under the supervision of Professors Narci Teoh and Geoff Farrell. Being the first student from Japan, I was somewhat nervous but they made me feel very welcome. What surprised me most was the positive behaviour of medical

students at ANU. They voiced their own opinions even in front of top professors, whilst ordinary Japanese medical students hesitate to state what they think even in a group of their peers. I joined case-based learning, where we discussed a patient based on the clinical information presented.

At first, I could barely keep up with what they were talking about whilst looking up medical terms and abbreviations frantically in my Stedman's Medical Dictionary. I had no opportunity to

speak in the group. To be honest, it was one of the most stressful classes for me. Additionally, it was not a compulsory class. However, I never wanted to give it up and I believed that what I learned in Japan should be valid in Australia. Therefore, I got rid of the dictionary and started to actively state all that I knew without hesitation. Then, I finally succeeded in commenting upon what they did not know (e.g. effectiveness of leukocytapheresis for ulcerative colitis, the mechanisms of hypercalcaemia in

Sarcoidosis and so on).

Had I not studied overseas, I could not have been able to broaden my horizons. There were literally innumerable impressive encounters and discoveries in Canberra and in Tokyo, too. I would like to express my gratitude for the comprehensive support of the Department of Human Pathology as well as the Office of Global Education and Career Development. Making the most of this experience, I aim to become an international-minded physician scientist.

Report 04

What I Acquired through Repeated Visits to Canberra



Kosuke Takemura
6th year student, Faculty of Medicine
Study program in Australia



CANBERRA, THE CAPITAL of Australia, is one of the best places to study. Since my first visit to Australian National University (ANU) in 2012, I have visited ANU repeatedly as part of the MD-PhD course. My visits can roughly be divided into two categories: basic medical research at John Curtin School of Medical Research (JCSMR) and the clinical elective at ANU Medical School.

At JCSMR, I conducted biochemical research under the supervision of Prof. Philip Board. He is an authority in the field of antioxidant molecules such as glutathione. I had been working on an enzyme named gamma-glutamylcyclo-transferase (GGCT), which contributes

to the synthesis and degradation of glutathione. As my principal investigator, Prof. Eishi Yoshinobu, was an old friend of Phil's, he advised me to visit him so that I could pursue more sophisticated research into GGCT by combining both clinical and biochemical approaches.

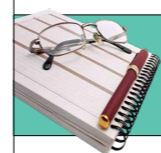
I learned how to measure the activity of GGCT using Phil's original assay in Australia. I had found out that GGCT expression level was significantly higher in oesophageal cancer cells than in normal cells. However, the remaining question was whether the over-expressed GGCT maintained its enzymatic activity. We were interested in this



After ward rounds with directors, registrars, interns and medical students

Report 05

Study Trip to Finland



Y. Kajiwara, A. Ichikawa
3rd year students, Faculty of Medicine
Study program in Finland



Written by Yuiko Kajiwara
3rd year students, Nursing Science

Last summer I spent three weeks studying in Seinajoki University of Applied Science (SeAMK). Seinajoki is one of the rapidly growing cities in Finland. During the trip, I had opportunities to visit a lot of places; the Seinajoki Central Hospital, the Attenda—where elderly people live together helped by nurses, a kindergarten and a school for people with disabilities. It is said that Finland is one of the most developed countries in terms of social welfare. I was surprised to find that it would cost the same whether a patient had a sur-

gery or an injection while he was hospitalised.

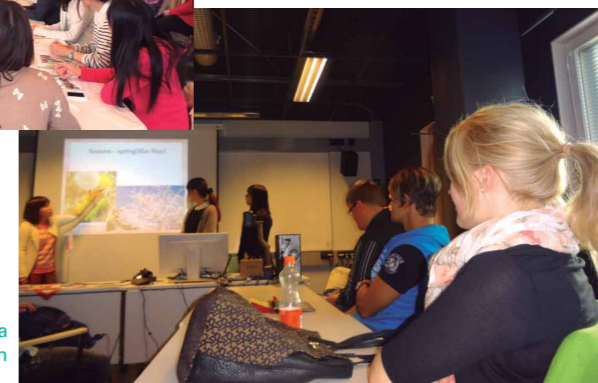
Finnish high taxation, which is 24% in consumption tax, covers the rest of the money. Therefore it is necessary for women to work even after getting married. Almost 90% of Finnish women have jobs and nursing is one of the most common occupations. Having seen nurses working at different places, I have learned that nurses are needed in diverse ways and there are things that only nurses can do. These experiences brought home to me the idea of working as a nurse in a variety of ways.

Another great thing I experienced in Finland was time spent with a Finnish family through a weekend homestay program. Spending time with a family with four children changed me a lot as



Lecture from Ms Helli Kitinoja at SeAMK

TMDU students made a presentation about Japan for SeAMK students.



Reproductive nursing class at SeAMK

their way of living often differed from mine. Living in one place, talking with certain people, and thinking in one way sometimes make me stereotypical and even blind to what is outside my world. This awareness made me realise the importance of taking a broad view of things in order to become an internationally-minded person. I have definitely changed through this trip, and this could not have happened without the people who had supported me. I would like to thank them all for giving me such a wonderful opportunity.

Written by Akiko Ichikawa
3rd year student, Nursing Science

I went to Finland for 18 days to learn



With Ms. Helli Kitinoja and her dog.

about the health care system, social welfare, and culture. I stayed mainly in Seinajoki, which is located in the southwest of Finland. It is a rapidly growing urban area. In Finland, I had lectures at Seinajoki University of Applied Sciences (SeAMK), visited medical institutions and welfare facilities, and stayed with a host family. I'd like to tell you about some of my interesting experiences in Finland.

Firstly, I visited the pediatric ward and outpatient in Seinajoki Central Hospital. There were many cute paintings on the walls and many toys in the waiting room. I thought they would relieve children's stress. If patients visit the hospital, they have two interviews, one with

a nurse and the other with a doctor. In Finland, nurses and doctors each work as independent professions, so they each get the necessary information about patients.

Secondly, I visited a school for handicapped children. I saw class rooms for occupational training programs. There were various programs, for example, cooking, computer, and industrial art. The most interesting program for me was Finnish traditional textiles. This school provided a wide variety of programs so that students could find what suited them.

Thirdly, I visited an elderly care home. I was surprised to see a sauna in the facility. Finnish people want to take

a sauna just as Japanese want to take a bath. Private rooms were like real homes, so residents could relax. Residents wore an alarm shaped like a watch for calling nurses. This elderly care home offered a private environment and security for the residents. I felt it was an ideal place for elderly people. I had so many other wonderful experiences on this program. Consequently, I'd like to compare the healthcare system and social welfare and so on of Finland and Japan, so I will continue to study the situation in Japan.

Finally I would like to thank everybody who supported me during my study visit to Finland.

Report 06
Overseas Study Program in Laos



K. Murakami, A. Nakamura
 3rd year students, Faculty of Medicine
 Study program in Laos



Written by Kirika Murakami
 3rd year student, Medical Technology

I took part in a 10-day study program in Laos with two other students and my professor in 2013. I felt uneasy because this was my first time abroad. However, I thought I would like to learn about the medicine of a developing country and spend time in a different sort of country, so I decided to study in Laos.

We visited the university, hospitals, and a farming village. I learned a lot from the farming village in particular. It was in Thakhek, located about six hours' drive from the capital city, Vientiane. The nonprofit organization ISAPH supports the people who live

there. They provide education on healthcare, nutrition, and hygiene. They also conduct health checkups called mobile clinics, and conduct fecal examination to check for parasites. I was impressed by how the staff provided knowledge about health so that people could understand it easily. They use painted panels, offered quizzes, and provided experiences. People listened seriously to the explanations, and children seemed to enjoy the study. I realized how important it is to teach from the viewpoint of the villagers. Moreover, I felt the importance of educating children, because taboos against eating some foods prevented people from changing harmful customs. It is necessary to teach children correct knowledge.

In this program, I not only saw the medical situation in Laos, but also communicated with many Lao people and learned about their culture. I thank my professor who gave me this opportunity and all the people who helped me.



With children who live in a farming village



At The University of Health Sciences of Lao PDR
 Students from middle row from the left : Ms Asuka Koyanagi, Mr Shuhei Ishii
 Front row from the left : Ms Satsuki Shiga, Ms Minami Ito, Ms Ayaka Nakamura, Ms Mariko Sada

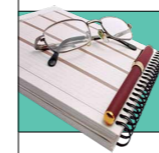
in Vientiane in contrast to the hospital in Thakhek, a rural city. What impressed me most was participation in the ISAPH activity in the local village. The staff taught villagers how to

wash their hands and gave pregnant women vitamin tablets to prevent children from suffering from vitamin B1 deficiency.
 The second purpose was to study para-

sitology. Ms. Oda at the Malaria Center showed us how to conduct a medical checkup for detecting parasites. It was interesting, because I saw the test for the first time. The third purpose was to understand the culture in Laos. We stayed with Laotian families for five days and this was a great experience for me. During the stay, I found many differences between Laos and Japan, for example, spicy food and taking shower many times in a day. Everything was exciting.

Finally, I would like to express my gratitude to everybody who supported me. If I have a chance in the future, I want to go back to Laos and join the support activity.

Report 07
Dental Training Program at the University of Melbourne



Takuya Matsumoto
 6th year students, Faculty of Dentistry
 Study program in Australia



Dental hospital

I PARTICIPATED IN a dental training program at the University of Melbourne with six classmates. This is a short-term study program for 6th year dental students in the Re-Inventing Japan Project. My main purposes in attending this program were to learn about the situation of Australian dentistry and to study with dental students in Melbourne.

On the first day, we attended a seminar by Prof. Mike Morgan, who explained to us about the dental education and oral health care systems in Australia. We learned the differences and similarity between dentistry in Japan and Australia. For example, in Japan we have four kinds of dental personnel, dentists, dental hygienists, dental technicians and dental assistants. However in Australia an oral health therapist can provide diagnosis and simple dental treatment directly to patients under the supervision of a dentist. There is also a dental prosthetist who can make dentures independently. We were surprised

to learn that Australian dentists had to take a continuing professional development course for at least 60 hours every three years to renew their dental licenses. In Japan, we do not have this sort of system.

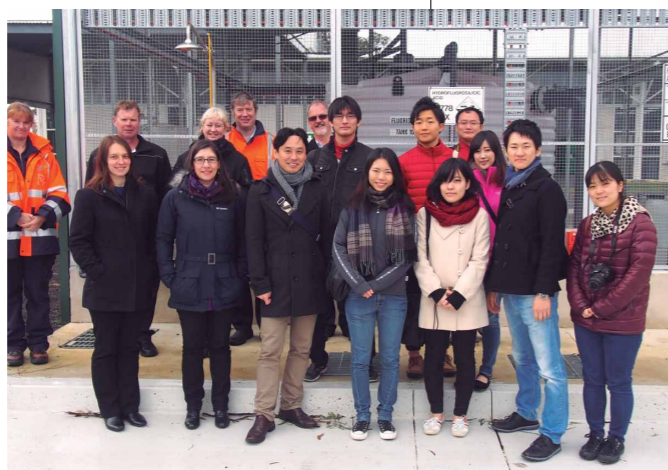
In Australia they have a similar public medical care insurance system as Japan. However dental treatment is not included in this public insurance system, so people usually have private insurance which covers dental treatment. Further, the cost of dental treatment differs between public and private institutions. In public dental hospitals where students provide dental treatment, the fees are very low, but at private hospitals, treatments fees are ten times higher than in Japan.

In Japan we have no fluoridation areas, but in Australia, most of the tap water is fluoridated. Water fluoridation is widespread all over the country and the coverage of Victoria State is more than 90%. We attended a lecture on wa-

ter fluoridation by public health experts from Victoria State and learned the history, materials, detail methods and effectiveness of water fluoridation. We also visited the Rosslynne water fluoridation plant located in the suburb of Melbourne. We observed the water purification process and the double-check monitoring system for fluoride concentration. Through this study tour we learned about the safety and effectiveness of water fluoridation in preventing dental caries.

On a hospital tour, we observed the pre-clinical training rooms for dental students. They are well equipped with cutting edge facilities so that students can practice just like in a real dentistry setting. In particular we were excited to encounter a 3D device that reproduced the resistance of drilling a tooth, for simulating grinding softened dentin with cavity preparation for caries treatment.

On the last day we participated in the Melbourne students' dental clinic. In this clinic, one instructor supervises five students and checks the students' performance step by step. The system is almost the same as that in our clinical practice at TMDU hospital. Most of the tools and instruments used in the clinic were also the same. The major difference between treatment in Japan and Australia is that patients in Australia wear safety glasses during treatment. Safety glasses protect patients from medical accidents, such as dropped equipment or dental materials in their eyes. The Melbourne students were really surprised to hear that patients in Japan do not usually wear safety glasses.



Water fluoridation plant

It was very interesting to discussing differences in treatment procedures and culture with the students in Melbourne. I felt that I would become a member of a worldwide dental network.

Although the study period was short, we learned a lot and spend a fruitful time. We would like to express our deepest appreciation to the staff and the teachers who supported us.

Report 08

My Little Summer Project in London



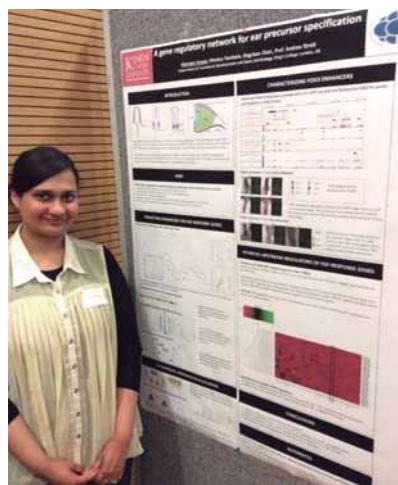
Miho Hanaoka
4th year students, Faculty of Dentistry
Study program in UK



I WOULD LIKE to express my sincere gratitude to everyone who supported my overseas study on the research project. From June through August 2014, I carried out my small research project at the Department of Craniofacial Development & Stem Cell Biology in King's College London. I studied the expression pattern of transcription factors expressed in the developing otic placode and tried to clarify a part of the transcriptional pathway in otic placode formation.

It was my first time to live abroad for a long period. Since I am not good at English, at first I felt nervous. At the beginning it was not easy to understand my project including the background. In addition I worked on chick embryos which are very fragile, so I had to be very careful in dealing with them. However, my professor, Andrea Streit and the laboratory members were very kind and taught me politely. Towards the end, I realized how precious this experience was for me.

I found that there are some differences between the laboratories at TMDU and London. Of course, language is one of them, and in Japan the majority of people in the laboratory are Japanese. By contrast, people in London come from various countries such as Pakistan, India and Italy. Therefore, I had many opportunities to learn about cultural aspects of other countries that I did not know about in Japan. For instance, I learned about vegetarians and



At an embryology meeting in London



With my laboratory members

Ramadan.

In August, a big scientific scandal broke in Japan. Prof. Streit sent us a message "I am sure you have heard about the recent scandal.... of course this was not the brightest moment for stem cell research, but what happened afterward lead to very sad news and shows us to be careful about how we judge people." I fully agree with her, and we should have been more considerate of the people involved in the scandal. From this incident, I realized that it is always important to try to take an objective view in certain situations.

In London, there are many beautiful places like Buckingham Palace, Tower Bridge and London Eye, some of which I visited. In addition, the daytime is long and the weather is nice in British summer, which made my stay more enjoyable.

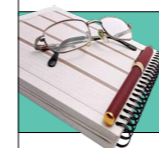
There were no Japanese working in the Department, but fortunately I had a

chance to meet Japanese scientists working in Britain at an embryology meeting in London. I felt shy, but I encouraged myself to talk to them. It was an excellent opportunity to learn about life in Britain. They told me that being

a researcher was an established occupation in Britain, therefore, researchers can concentrate on their research projects, but at the same time it is not easy to work abroad. I strongly felt that Japan needs to be more globalized.

Report 09

Wonderful and Meaningful Experience in Australia



Kaede Ishihara
4th year students, Faculty of Dentistry
Study program in Australia



I STUDIED AT the Universities of Sydney, Newcastle and Melbourne in Australia. I had three purposes in doing this training. The first was to learn about the education of Australian dental hygienists. There are several educational programs for becoming a dental hygienist in Australia. I was interested in the Bachelor of Oral Health (BOH). The universities where I studied use this BOH program. The second purpose was to learn about preventive dentistry and national motivation. People emphasize preventive dentistry because insurance does not cover dentistry in Australia. Almost all Japanese think that dentistry is for curing caries. I thought that it may be possible to resuscitate dentistry in Japan if we understand the current state of preventive dentistry in Australia, so I made that one of the themes of my studies. The third purpose was to improve my language ability.

The main part of my study was observing clinical training at the University of

Newcastle. I did a homestay in Newcastle, and my host mother was a dental hygienist. She works in a nursing home. So I could also observe the nursing home and the work of a dental hygienist in the home. It was a very meaningful experience.

I also studied for seven days at University of Sydney. I attended many interesting lessons and observed basic and clinical training. First, I joined basic training for 1st grade students who were learning about brushing. The 1st graders had just entered university, so everyone had a different way of brushing. I was surprised that they used mainly the Stillman and Charters methods. The scrubbing method is used primarily in Japan. I was interested in the different methods that are recommended in each country.

Next I took part in flossing training. The teacher paid no particular attention to the length of the dental floss, so I told them about the "length of the arm" rule



I met a lot of wonderful students.



With classmates at the University of Sydney

If there is something you would like to do, give it a try! A little courage can bring you to a new world. If you are interested in going abroad, there are many support programs available in TMDU.



At the lab

of thumb in Japan. Thus there were many chances for learning and also for talking about Japanese methods, and I think it was very meaningful to participate in the training. I also went to the public hospital near the main campus. I talked with the director of the hospital about the education of dental hygienists and dental therapists, and aging in Australia and Japan. I had a very meaningful discussion.

At the University of Melbourne I observed 2nd and 3rd grade clinical training. Training for dental hygienists and dental therapists is separate. Students were taking X-rays in the X-ray room. I heard that dentists do not want to work with dental hygienists because dental hygienists can do perform many tasks. I was interested in the differences in work backgrounds.

A major theme of this training was prevention, but I learned that insurance plays a major role in this. Students and

patients told me that people take care of their teeth because insurance doesn't cover dental treatment. Prevention is effective, so they do not have to spend a lot of money, and they generally have good teeth. Fear of periodontitis means that Australians take preventive measures. The Japanese tendency to treat

dental problems once they get out of hand is linked to the fact that medical insurance covers dental treatment. It may be difficult to change the insurance system, but we can do so sufficiently to raise awareness about periodontitis and prevention.

I visited a nursing home, where I real-

ized that a dental hygienist can also play an active part in welfare simply by discussing it. Dental hygienists can still play a role in Japan, and I think the aging society of the future will provide new opportunities. I'd like to make further efforts towards study, using the valuable experience I gained in Australia.

Report 10

Studying Abroad to Sweden



Dotaku Saito
4th year students, Faculty of Dentistry
Study program in Sweden



WHEN I ATTENDED the open campus, I was deeply impressed by the study abroad program of TMDU. Since I enrolled in the course, studying abroad had been a dream that I finally accomplished in 2013. I was very interested in implant prosthesis, which originated in Sweden. So I chose to study at the Dental Technology Institute of Odontology and Sahlgrenska Academy at the University of Gothenburg in Sweden, from March 1 to April 2. Gothenburg is located in the southwest of Sweden and it is the second biggest city. The University of Gothenburg was established in 1891. Now it comprises 9 faculties and 44 courses, and it is famous for the Branemark implant system, which was named after its inventor, Professor Branemark of the university. The dental technology course in Sweden lasts three years, and students receive a diploma on completion of the course.

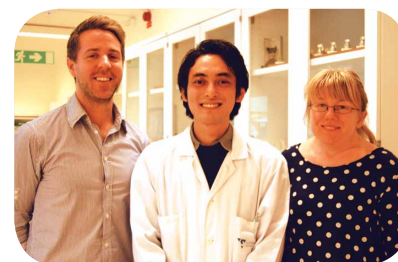
During my stay at the Dental Technology Institute, the faculty provided me with a substantial program. I attended the classes to practice manufacturing metal ceramics with first year students and manufacturing implant prosthesis with second year students. The content of the prosthetic practice is similar to our university.

In addition to the study at the department, I visited private dental clinics and dental laboratories in Gothenburg. First I visited dponova, a commercial labora-

tory at the University of Gothenburg. Then, I visited Atlantis-Dentsply Implants, a CAD/CAM design and milling center and Branemark Osseointegration Center (BOC). BOC is a very famous clinic all over the world, which has a branch in Tokyo.

Throughout my visit, all of the faculty and students of University of Gothenburg were friendly and kind. Unlike us, they have a very attractive custom where they take a coffee break in the afternoon everyday. During the coffee break, they enjoy chatting with their friends. I think that Japanese people should emulate this custom, because Japanese people work too hard and enjoy their lives less. Japanese dental technicians are too busy and sacrifice their private time for work. When I observed the Swedish lifestyle, I felt that Japanese society would be better if people could enjoy more relaxed lives.

On the final day, I made a presentation to students and teachers about Japanese



With teacher

culture, an outline of TMDU and the work of Japanese dental technicians. I guess that they were very interested in my talk, because they asked me many questions after the presentation. Although it was difficult for me to answer all of the questions, it was a great experience.

At the beginning of my visit, I had a hard time since this was my first experience to live abroad alone and my English ability was so poor. However, everyone in the department was very kind to me and helped me to make my visit fruitful. Therefore, I had a very comfortable and fulfilling time there. Finally, through this experience I learned many things about Swedish dental technology and extended my ability to think internationally. I would like to express my sincere gratitude to everyone who gave me this opportunity and supported my study abroad.

With students

