

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

My first experience of staying abroad

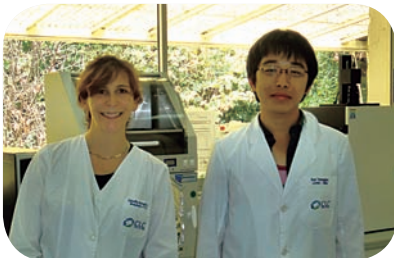


Ken Yamagiwa
4th year undergraduate medical student
Project Semester in Chile



WHAT DO YOU know about Chile? I knew almost nothing before I went there. In this article, I am going to talk about my life in Santiago, the capital of Chile. Usually I went to Clinica Las Condes (CLC), which is one of the largest hospitals in Chile, at 9 a.m. and usually went straight to the laboratory. One or two supervisors were in charge of each student. They taught me how to perform my experiments and gave a lot of advice. Every Friday, we had a conference in which two of us gave a presentation about certain topics, which were chosen in rotation. Dr. Ito and our supervisors also participated in these presentations. After the presentation, we discussed points which were particularly important or difficult to under-

stand. On days off, I was able to fully enjoy my life in Chile. Some students went sightseeing, others held parties with students of the University of Santiago. For me, Chile seems very similar to Japan. I say this because Chilean people often use polite phrases such as “Thank you”, “Sorry” and so on. They were so kind and cheerful, and helped me when I got lost. It was this everyday kindness that enabled me to easily adjust to daily life in Chile, even though it was my first experience of living abroad. One major difference between Chile and Japan is the manner of greeting. Chilean people often hug and kiss each other when they meet. It seems strange to Japanese people that Chilean people



My supervisor, Ms. Claudia Paz Hurtado Riveros, in the CLC laboratory of oncology and molecular genetics.

frequently kiss each others’ cheeks, even if they are the same sex. In addition, “ladies first” is a prevailing custom. I never saw any Chilean men leaving an elevator ahead of a woman. For my study, I analyzed the correlation between genetic mutation and prognosis for patients with sporadic colorectal cancer. First, by using PCR, I amplified the DNA of samples such as Kras, Braf and PIK3CA, which are concerned with the EGFR pathway. These samples were sent to another institution for the analysis of DNA sequences and compared the result with the wild type sequence. I also examined mutations using another technique called SSCP in order to confirm the type of mutation. I also checked Microsatellite Instability, because this is said to be caused by the failure of the system of DNA repair, and to be related to the prognosis of patients with colorectal cancer. I am happy to lead a fulfilling life in Santiago, and wish to thank all people concerned.



On Easter Island, made up like Rapa Nui people. At the birthday party of Ms. Andrea (far right), a LACRC secretary.

Report 02

Encountering, learning, and looking forward



Mayu Sasakawa
4th year undergraduate medical student
Project Semester in Chile



TMDU HAS ITS own program called “project semester”, in which students focus on research. This semester I stayed at a laboratory in Clinica Las Condes (CLC), which is in Santiago, Chile. It is my first visit to a Latin American country and my first experience living in a foreign country for almost five months, so life here is full of excitement. Let me introduce my life here. My Experience in the Laboratory I belonged to the laboratory of oncology and molecular genetics, which mainly studies sporadic and hereditary colorectal cancers and does molecular diagnosis of patients in CLC. The atmosphere in this laboratory was very relaxed and comfortable, and it was a very good environment for us research



Mr. Hayashi (center), Japanese ambassador in Chile, kindly invited TMDU students to a party celebrating the birthday of Japanese Emperor.

beginners, because the staff was very kind and answered our questions anytime. It was my task to detect mutations of some putative pathogenic genes of Hereditary Nonpolyposis Colorectal Cancer (HNPCC) in HNPCC suspected patients. It was interesting for me because this field includes not only genetics but also epigenetics, and I had to use a lot of progressive techniques for detection. It first, I just followed what my supervisors said but finally I learned how to study by myself and discuss the methods and results with my supervisors. I am so happy that I could learn both the research techniques, as well as important ways of thinking for research. Life in Chile Besides joining laboratory activities, learning Spanish was another important aim for me when I came. Fortunately, I made some friends who were almost the same age as me, and had a private Spanish tutor, so I was able to live and learn in Spanish. I found it interesting that the characteristics of the Spanish languages differ depending on the country, just like English does. I want to continue studying Spanish even after coming back to Japan. I was very sur-

Report 03

From the other side of the world



Hironobu Sakurai
4th year undergraduate medical student
Project Semester in Chile



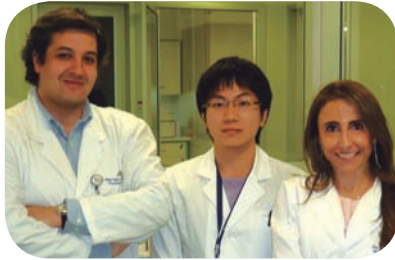
WHAT DO YOU know about Chile? Some people know that it is a long and narrow country. Some people think that Chilean food seems spicy, but it is not correct. Other people think that Chile is very far away from Japan. That is cor-

rect. It takes more than one day to travel to Chile from Japan via the fastest route. When night falls in Japan, dawn is breaking in Chile. I celebrated Christmas in the summertime for the first time. Chilean people are both sunny



On New Years day on the beach at Con Con (near Valparaiso).

prised to learn that many Chilean people know about and are interested in Japanese culture, despite the fact that Japan is on the other side of the world from Chile. Now I feel it is important to have abundant knowledge of Japan. For me, the experience of studying abroad seems to be a good opportunity to revise knowledge of my own country. I lived in a house that belongs to a Chilean lady. She taught me two things that really stuck with me. One was the beauty of her country, and she recommended I travel around it as much as possible. So far, I was able to visit seaside towns such as Valparaiso and Vina del Mar. The scenery was very beautiful but the sea was so cold because of cold currents. The other was that I was not seeing the “real” Chile, because I was staying in a rich area, and studying in one of the best hospitals in South America. In closing, I would like to express my deepest gratitude to my supervisors for giving me this wonderful opportunity to study here, and for my meaningful days in CLC. I hope more and more students will be interested in studying in Chile.



Studying at the molecular biology laboratory in Clinica Las Condes under the supervision of Dr. Torres (left) and Dr. Piemonte (right) supervision.

and shy. On weekends, the city comes alive with a very cheerful atmosphere. There are many high-rise buildings and

big shopping malls, and many sushi restaurants in the city and many Japanese animations on TV. I really enjoyed my stay there.

Activity in Chile

Clinica Las Condes (CLC) is the general hospital in Santiago where I studied for five months. We were divided into three laboratories. Other students studied gene analysis or pathologic diagnosis for colon cancer. I studied the detection of bacterial pathogens in infection episodes from immunocompromised patients using real-time PCR under the supervision of Dr. Torres and Dr. Piemonte in the molecular biology laboratory. The laboratory was filled always filled



“Fiesta de Navidad” The staff from the laboratories invited me to a Christmas party. We exchanged presents with each other.

with excitement and laughter. Many patient samples are carried continually through the laboratory, and emergency patient information is often shared through a loudspeaker. The lounge, however, was always full of jokes, and there were many parties to celebrate someone’s birthdays, Christmas and New Years Day.

Every Friday, we took turns to make presentations on topics related to each study. We also made presentations for interim reports and a final report on our studies in the presence of our supervisors, the academic director of CLC and a doctor from the University of Chile.

I had many exciting experiences outside the laboratory. I had the opportunity to meet the Chilean Ambassador to Japan before coming to Chile and the Japanese Ambassador to Chile at a reception in the Japanese Ambassador’s residence. I visited tourist sites and traveled to Easter Island with other students and friends in Chile. I also ended up going to CLC and receiving medical treatment as a patient, which could be seen as both fortunate and unfortunate.

I was also able to gain an insight into the differences in medicine between Japan and Chile.

I feel there are many cultural differences between Japan and Chile. People in Chile are often unpunctual, and I needed to raise my hand for a bus to stop, which was sometimes ignored. These differences made me confused, and I experienced a few problems because of them. However, all of my experiences both good and bad were very important for me. Living overseas for such a long time forced me to communicate with my poor English. I saw the first sunrise of the New Year in a different country. I hope that these experiences will be a great help for my own future development.

Special Thanks

I am very grateful to Dr. Torres, Dr. Piemonte and others in the laboratory for teaching me, also to the staff in the other laboratories and CLC for their kindness in helping me. I would also like to thank Dr. Olivi for treating me, and to Andrea-san in LACRC for supporting me at anytime on anything.

about life in Chile as well as about our research projects. We also teach them about Japan, so the laboratory feels like we are always in a cultural exchange between Chile and Japan.

In the laboratory, I am exploring mutations of the BMPRIA gene, which is a cause of polyposis syndromes, using polymerase chain reaction (PCR), single strand conformation polymorphism (SSCP), and DNA sequencing. This study is a part of a project in which we



A trip to the Easter Island in December. There are hundreds of moai on Easter Island.

are trying to standardize the diagnosis of colorectal cancer, and it is very important for the treatment of colorectal cancer.

Students often discuss results with laboratory supervisors, and presentations to one another each week. It is difficult to give a presentation on technical details in English. However, the opportunity for deepening our collective knowledge about the studies is excellent experience and academically stimulating.

Life in Chile

The period from October to February is spring and summer in Chile, so it’s very comfortable for me. People stay awake later at night because of the late sunset, so I also feel very active after working even on a weekday, and enjoy a drink with my new Chilean friends every week. Chilean people are so generous, cheerful and talkative. On weekends or

holidays, I sometimes visit museums, go to the movies, and sometimes go sightseeing in places outside Santiago, such as Easter Island, Patagonia and so on.

My life in Santiago was very fulfilling, but I run into a language barrier with Spanish. However, as I studied some Spanish in my free time, I am now able to communicate more in Spanish. Of course I always carry a dictionary, but for the most part I can communicate with even gestures.

To live in the foreign country which has a different language and institutions from Japan is a great stimulus for me to think again about myself and Japanese culture. I would like to put this precious experience to good use throughout the rest of my life. Finally, I would like to express my deepest gratitude to all the people that helped me through this program.

Report 04
My life in Latin America



Yuki Nakamura
4th year undergraduate medical student
Project Semester in Chile



Background

CHILE IS ON the opposite side of the earth to Japan. It takes more than 24 hours to travel from Japan to Chile, and the time difference is 13 hours. I never dreamed that I would be here, but now I am studying under Dr. Lopez in the



Santiago has a Mediterranean climate and the people are cheerful and kind.

Laboratory of Oncology and Molecular Genetics, Clinica Las Condes (CLC) in Chile.

All students in TMDU spend the second semester of their 4th year on research. From this year, we were able to choose CLC in Chile as a reception center. That is why I was fortunate to have the opportunity to come to a Latin American country.

Since Chile is geographically very long from north to south, the climates differ according to the different places, and each area has an abundant natural environment. Santiago, the capital city where I’m staying, is located in the



TMDU students and Drs. Nishikage (right) and Ito (left) work near the main building of CLC.

middle of the country and has a Mediterranean climate, which is very comfortable for Japanese. The city has a very modern infrastructure, and the people are very cheerful and kind.

Study in CLC

CLC is one of the best advanced hospitals in South America, and is located on the outskirts of Santiago. Our laboratory is slightly away from the main buildings, and there are always three or four investigators working there. The researches are so friendly, and teach

Report 05

5-month study in Clinica Las Condes, Santiago, Chile



Masaki Shimamoto
4th year undergraduate medical student
Project Semester in Chile



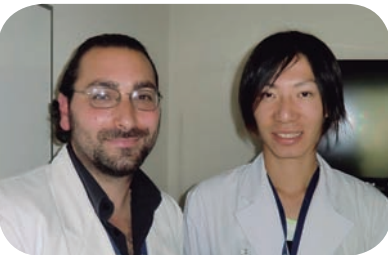
I STAYED in Santiago, the capital of Chile, and studied in Clinica Las Condes (CLC), one of the most sophisticated private hospital in South America, from October 2010 to February 2011. This period is the middle of summer in Chile, so the weather was very hot with little rain, and it remained bright outside from 7 a.m. to 9 p.m. Because I love



My host mother, TMDU students, and me

summer so much, this climate was the perfect place for me to be.

In CLC, I belonged to pathological laboratory and studied neuroendocrine tumors in the lung. From Monday to Friday, I reviewed cases under the microscope by myself in the morning and checked them with my professors, Takashi Ito and Antonio Piottante, in the afternoon. On January 26, while writing this, I was also analyzing the data I had collected to date in order to write a paper. Neuroendocrine tumors of the lung such as lung carcinoid are a very rare disease, and it was difficult for me to collect many cases. But despite these problems, I did the best I could. Additionally, I took a personal interest in Ulcerative colitis, and used my spare



Dr. Antonio Piottante (left), a pathologist in CLC.

time to see many cases of this in CLC. I was able to gain more pathological knowledge of inflammatory bowel disease than I did in Japan.

In my daily life in Chile, I lived with a Chilean mother, brother, and two Ecuadorian women who came to Chile for a short period in order to study radiology. I managed to communicate with them by using my broken Spanish and body language because no one could speak English. However, they were very kind to me, and treat me as if I was their son or brother. My Chilean host mother usually cooked Chilean food for me. My favorite food is cazuela, which is a stew containing rice, meat and many vegetables. It was very delicious. After studying in CLC, I went to the

gym two or three times a week. I was able to make many new Chilean friends in the gym. They were very friendly and talked to me, even though I couldn't speak Spanish very well. And I was much surprised that they were more stoical to their training than I expected. I was happy to be able to go training with them.

Every Tuesday, some friends and I

learned Spanish with a Spanish teacher. I think Spanish is very difficult language to acquire, because its conjugation is much more confusing than English. However, as it is such a rare opportunity to live in a Spanish-speaking part of America, I wanted to acquire as many skills as possible while there. Furthermore, we were invited to a reception in the embassy of Chile and met

with the Japanese Ambassador to Chile. We also traveled to Easter Island and Patagonia, and enjoyed the wonderful natural scenery of Chile.

This is the first time for me to live and study in a foreign country for such a long period. Although I ran into many difficulties, I think it was an extremely good experience for me to cultivate many new skills.

Report 06

My wonderful life in Chile



Ayumu Nomizu
4th year undergraduate medical student
Project Semester in Chile



IN THE SECOND HALF of our 4th year, we have the opportunity to do research. During this research period, we have a variety of different options. Some students decided to stay in Japan to do research, and others go abroad to do research. Fortunately, I had the chance to go abroad, and so I chose to come to Chile. I chose Chile because I thought that going to Chile would be a personal challenge. As most people in Chile speak Spanish, living in Chile was hard for me because I don't speak Spanish. There are also not so many Japanese people in Chile, so I thought this would make my life even harder. I belonged to the pathological laboratory at Clinica Las Condes (CLC), and my research program was to investigate pathological findings about colorectal cancer as prognostic factors. I was mainly taught by Dr. Contreras, with support from Dr. Ito. I learned a lot in the laboratory.

As I had thought, life in Chile was hard for me, especially for the first month. Everything was new for me, and as I needed a dictionary to talk to people, I hardly talked with others and often felt very nervous. But Chileans are very kind, and gradually I got use to daily life. However, at the end of my stay in Chile, I didn't need to take a dictionary with me, I could speak some Spanish, and I didn't feel as nervous as I did at the start.

Finally as I was able to speak Spanish, I really enjoyed my time there and I think this was thanks to my Chilean friends. They are students of translation at university, and as they are studying Japanese translation they can speak Spanish, English, and Japanese. It was a very good for us, because they could teach us Spanish, and we could teach them Japanese. Soon we became good friends, and we enjoyed spending time together. For example, one of them in-



Dinner at a Japanese restaurant in Santiago. Six Japanese students who studied at CLC, two doctors who are working at CLC and their wives, and the secretary

vited us to his house and made Chilean food for us, then I invited them to my house and made Japanese food for them. We celebrated the start of the New Year on New Years Day together. We taught them how Japanese people spend New Year, and they taught us how Chilean people spend New Years Day. We met almost every weekend, and enjoyed going to the beach, bars, dancing, shopping, and so on. I really appreciate their friendship, because they made my life in Chile very comfortable and enjoyable.

I had such a good experience in Chile, and now feel that Chile is my home away from home. I really appreciate the help I got from everyone who I met in Chile, and I also really appreciate TMDU because they provided me with this wonderful opportunity.



Lots of fresh seafood at Mercado Central in Santiago.

Lunch at a Chilean restaurant in Concon, on the way to our friend's house. five Japanese students from CLC and four students from USACH (Universidad de Santiago de Chile)

Report 07

Our short stay in Ghana



Wataru Kagaya, Tomoki Kawahara
4th year undergraduate medical student
Project Semester in Ghana



SINCE JANUARY 6, we have been in Ghana researching Trypanosoma, the causal parasites of African Sleeping Disease (ASD). In developing countries such as Ghana, rare diseases are still endemic, and have been plaguing people's lives, animals, and the economy for many years. ASD is a devastating disease with few cures. Left untreated, the final outcome of the disease is death. Little progress has been made in developing new drugs, and available drugs have strong side effects. Therefore it is very important to research Trypanosoma and the tsetse fly, the main vector of Trypanosoma.

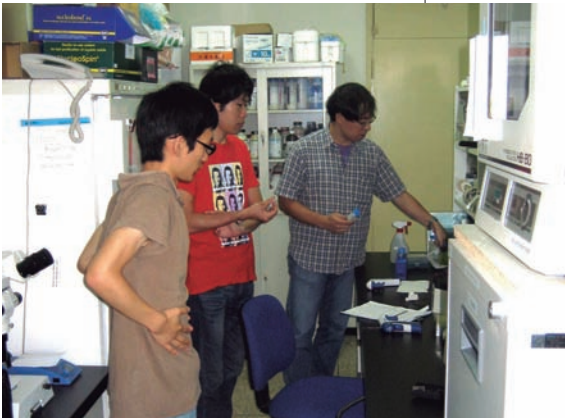
We are working in the Noguchi Memorial Institute for Medical Research (NMIMR) in Accra, the capital of Ghana. NMIMR was founded in 1979 in memory of the late Dr. Hideyo Noguchi, who died of yellow fever in Accra in 1928. Under a Japanese researcher Dr. Suzuki Takashi, myself and one other TMDU student are investigating the motion of Trypanosoma by using RNAi analysis.

Research into new drug targets for trypanocidal effects are also being conducted. Additionally, taking advantage of being in Ghana, we have collected tsetse flies from rural villages near Ac-

cra. Using these samples, we will detect trypanosome in the flies and determine the percentage of tsetse flies infected with trypanosome. This data will contribute to understanding the complex interaction between tsetse flies and trypanosome in a given geological setting. Such kinds of study are difficult to implement in Japan.

In Ghana, we were able to see various facilities in addition to working in the laboratory. During our stay, we had a chance to see a hospital in Ghana. We visited a provincial hospital, which is located about 100km away from Accra. We were able to see a hospital in Kwa-hu, a rural area of Ghana. The hospital staff members were nice to us, but the big differences in sanitary conditions between Japanese and Ghanaian hospitals shocked us, and made us consider the importance of hygiene education for medical doctors and nurses. We learned about the standards of medical care in Ghana, and found they are very different to Japanese standards. A local doctor kindly allowed us to view his diagnosis.

However, there was no difference in how medical staff think between Ghana and Japan. Ghanaian doctors and nurses do their best for their patients, and see-



Laboratory works on trypanosomiasis with Dr. Suzuki in the Noguchi Institute



Field activity of collecting tsetse fly, intermediate hosts for African trypanosome parasites.

ing this increased our motivation to be good doctors/researchers, contributing to the health and welfare of our people.

Because of the diet that is based on oily foods and insufficient nutrition, there were many outpatients with diabetes mellitus, hypertension, and cardiac problems. We noticed that there were increasing demands on primary health care education in developing countries. The hospital tour was so impressive for us as medical students.

In TMDU, all 4th year medical students are assigned to a laboratory in the second semester. I chose the laboratory of Parasitology, and have studied parasitology under Professor Nobuo Ohta, a prominent parasitologist. This Ghana visit is the part of our study. Ghana is a very interesting country. The roads are filled with luxury cars, but along the sides of the roads, there are many peddlers, street children, and beggars. The gap between rich and poor is getting wider, and the vulnerable people are becoming increasingly left behind. We were given a first-hand view of the state of developing countries. Meeting with Japanese people living in Ghana is also a valuable experience. Talks with people in trading firms, doctors in the Japanese embassy, and officers in JICA taught us a lot.

This kaleidoscopic two-month experience taught us so much, and we greatly appreciate TMDU for the opportunity they gave us. According to Dr. Suzuki, TMDU students will be able to research Malaria parasites in NMIMR from next year. We strongly recommend other Japanese medical students come and see Ghana.

Report 08

The place where my career started



Yuma Noguchi
4th year undergraduate medical student
Exchange program in U.K.



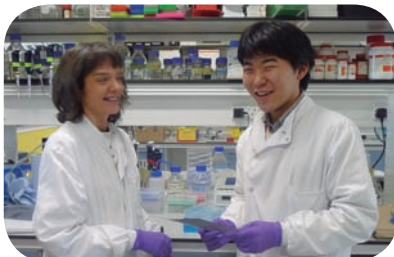
I HAVE BEEN studying in Imperial College London as an exchange student since last October. I would like to talk about my experience of these five months here.

The biggest reason why I applied for this course was to learn how researchers organized and performed experiments. I took a neuroscience project on multiple sclerosis (MS) as my research issue. This disease is thought to be an autoimmune inflammatory disease causing demyelination of nerves and a wide variety of neurological symptoms. This research, however, focused on the neurodegenerative aspect of MS, which remains incompletely understood. A huge motivation was the thought that anything I found during this research would be completely new to the field.

In the beginning, almost everything

went smoothly. The results I obtained corresponded with what I had expected, and interpreting the data was not so difficult. However, after tackling some unexpected results, I learned that we need to push our range of knowledge in order to rise to the occasion. Whether you can learn something from a failure and solve the problem or not purely depends on your approach to the problem. The standard way of thinking would be simply to think you made a mistake, and to repeat the experiment. However, if you have special knowledge in the field such as protein kinetics or the functions of each reagent used in the protocol, however, you might find some changes, which seemingly did not exist. You may also find defects in your protocol, and may need to modify it. Reading relevant papers in not just about increasing knowledge, but it is also about understanding how the author, and to reflect this in your own project. It may seem simple, but I believe this is one of the most important aspects of research that should never be forgotten.

Now I am writing up my report of this research. Every researcher tries to publish a good paper in English so that their ideas become known internation-

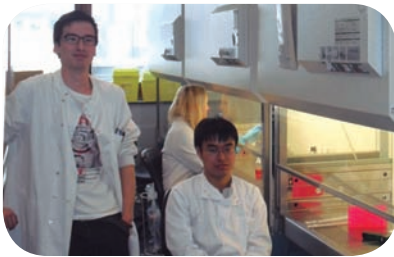


Discussion about the result of western blot analysis with my supervisor, Margareta Nikolic in a laboratory at Hammersmith Hospital.

ally, and so for me, this represents the start of my career. I realize increasingly more that brushing up my paper is helping me appreciate more of my own research.

On top of this great experience related to my research, interactions with people here were a precious experience for me as well. The college itself receives a lot of international students from countries all over the world, and in my laboratory, there are people from many countries working together. Communicating with those people increased my interest in other countries. Above all, I was very happy to hold a reunion with exchange students who came to our college in Japan last year. I participated as a volunteer to give a tour and hold a welcome party for them. They remembered me and told us about their fulfilling experiences in Japan. I think the opportunity to build friendships with people in other countries is one of the great aspects of this exchange program.

On a final note, I would like express my gratitude to all the people who supported this marvelous program.



I transduced target genes into cells using the molecular biological method, and analyzed them using electrophysiological techniques.

search project related to neurons that release a hormone which regulates appetite in the surgery and anesthesia department. My laboratory belongs to the

biophysics section, and I mainly carried out experiments using molecular biology and electrophysiological methods.

During this program, I was able to learn a lot about the background of my project and related expertise from my supervisor and other members in the laboratory. In particular, describing my project in an English report enabled me to gain a deeper understanding of the meaning of experiments that I have done so far. These experiences enabled me to understand the essential parts of research (reading, discussion and thinking strategy) as well as technical aspects. In addition, I was able to increase my level of English by communicating with many people from various backgrounds. Sharing experiences and thoughts with them will motivate me to keep studying medicine and other subjects.

If I was asked to identify the most important thing I have learned during these five months, I would answer it is the importance and necessity of establishing my own goals and expressing

myself appropriately. The more I talked with people, the more I realized my attitude was too passive. I think it is due to not only to my Japanese personality, but also to my attitude to study. I realized this attitude problem could become a fatal flaw when I have to manage everything about my research or clinical work as a doctor, especially if I have to work in a foreign country. I noticed it is essential that I make aims and reasoning very clear, because it is difficult for me to describe precisely what I am thinking in English. Having clear goals enables us to decide effectively what should be done in limited time.

Even when I speak and write in English, I still think in Japanese. It is natural and I won't be able to change this fact no matter how long I keep learning English after this program. Of course, I think command of English is an important requirement for medicine and science. However, it is no use speaking English fluently if the only things I have in my mind are untrustworthy, empty and unimportant.



We visited Seven Sisters in Eastbourne. Beautiful chalk cliffs extending along the English Channel.

From this April, I will start clinical practice in hospital. In this way, this period gave me the perfect opportunity to consider my ideals as a doctor in more detail. I do not know whether I will study abroad in the future. However, I think this exchange program is a valuable chance for me to learn many things as a student. I will make good use of my experiences gained from these five months in the future, and provide what I have learnt and experienced as much as possible to my juniors.

Finally, I would like to thank everyone allowed me to take this precious opportunity.

Report 10

When stroke patients are hospitalized



Satoshi Shoji
6th year undergraduate medical student
Clinical Clerkship at Harvard University



MY CLINICAL EXPERIENCE in Boston were really exciting and brilliant. I studied neurology, transplant and anesthesia at Massachusetts General Hospital (MGH), and participated as one of the team members. These experiences were sometimes really tough, but also really exciting because I had almost the

same responsibilities as the Harvard medical students.

The biggest difference I found between the Japanese medical system and American system was that residents are always evaluated by patients, senior attending, teammates and even students, which leads to advanced quality of medi-



I had a chance to experience surgery.

cal care and medical education for residents. Doctors also have a wide range of specialist help, including nurses, practitioners, and physical therapists, enabling doctors to focus on the "cure" for their patients.

However, their work is so specialized and subdivided that I sometimes saw problems occur between doctors and patients. For example, when a stroke patient is hospitalized, they are treated by neurologists, as well as ID (infectious disease) doctors, nurses and nutritionists, so the patients are often confused about whom their attending is.



Enjoy playing baseball with teammates.

With Harvard team members; I am fourth from left in the back row.

Report 09

Establishing goals and expressing my opinion



Seiji Noda
4th year undergraduate medical student
Exchange program in U.K.



I APPLIED FOR this exchange program because I thought it is a good chance to broaden my outlook by studying abroad over a long period, as well as learning more about research. As my stay at Imperial is coming to an end, I

would like to look back on these five months and reflect on what I have learned.

This year, we joined research projects without taking lectures. As I am interested in neuroscience, I selected a re-

Furthermore, when I compare the quality of the Harvard educational system for medical student, I don't think TMDU is inferior to Harvard. Instead, the critical difference is that Harvard students are always proactive, they truly participate in the team and do almost the same work as residents. Their attitude towards clinical clerkship was re-

ally impressive, so I strongly believe that makes their clerkship more meaningful.

I also had many opportunities to talk with Japanese doctors in Boston during my stay. Some doctors gave me excellent advice about my future path, which broadened my options as a doctor.

I am sure that this experience will

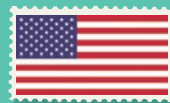
broaden my future career possibilities, and make me much more proactive. It also makes me feel that I will try to make an international career. I would really like to thank my classmates and doctors for giving me such a special experience, and want to recommend all juniors make full use of this wonderful opportunity.

Report 11

Welcome to Japan!



Kazuya Yamaguchi
6th year undergraduate medical student
Clinical Clerkship at Harvard University



THANKS TO THE exchange program, I was able to do a clinical clerkship at Harvard Medical School hospital for three months. It was the most exciting and fantastic experience of my life.

I rotated between three specialties. They were Pediatric Neurology, Pediatric Surgery and Radiology. Each team I belonged to consisted of an attending, resident and nurse practitioner. My main duties were to be in charge of some patients, and to make presentations about their conditions. Especially in the surgery, I was able to participate in operations every day. The doctors also gave us a lot of interesting lectures.

Through this program, I realized three points. First of all, Harvard hospitals gather superior human resources from all over the world. I talked to doctors from India, China, Europe and America. They are really enthusiastic and develop their skills through friendly competition. I cannot see such multi-national scenes here in Japan. Certainly the medical services and studies done America are top in the world, but they

are done not only by Americans, but also by superior professionals from throughout the world.

Second, people studying at Harvard are really good at making presentations. There are many opportunities for those studying at Harvard to give presentations on rounds and during lectures, so they can learn how to make good presentations and attract the attention of the audience. Japanese people tend to be rather shy, and poor at giving presentations. We tend to speak to PC monitors. What we need is to look at the audience, read the faces of our audience, and think how to attract their attention. Though it is not polite to sell ourselves strongly in Japanese society, we need to develop these presentation skills to gain international credit.

Finally, Japanese medical technology is also at a high level compared with that of America. Although I was surprised to see the latest operating machine known as "Davinci", most of the other machines and treatments are similar to those used in Japan. Our consid-



With two great residents at Pediatric Surgery

eration of symptoms and differential diagnoses are also very similar. I find this fascinating because Japan is a small island country, and these skills were developed uniquely by senior Japanese doctors. Of course, some of these doctors studies abroad to bring back various specialized skills and knowledge, but they are the ones that created modern day Japan.

Now, America remains top of the world for medical treatment and research. China is also developing rapidly with their huge manpower. How about Japan? Can we keep this position in the future? Though we have a good base in our senior doctors, we have neither the international human resources nor manpower. I think that we need to use English to continue developing. We need English to catch up with the latest technologies, which are produced all over the world, and to invite brilliant researchers to Japan. I know that Japan is filled with the Japanese language and it might be difficult for foreigners to live here for a long time. But the number of people who can speak English well is increasing, and we are gradually getting used to talking with foreigners. If you are interested in Japan, please come and visit Japan. Of course I also want to visit your country in the future. So I guess all I really want to say is, welcome to Japan!



Members of TMDU family at Harvard Medical School