One month from 3/31 to 4/29, I had experienced clinical exchange at Rutgers Robert Wood Johnson University Hospital, New Jersey, United States of America. As I have a dream that I could practice in the U.S. in the future, I thought by learning the medical setting and culture through this exchange, I could have step up to make that dream come true. I lived in the U.S. when youth, so I had little difficulty entering staying outside of Japan. Also I visited Dr. George Meyer’s home, from UC Davis, who teaches us clinical interviews this few years in April to May, and participated in some lectures in UC Davis for one day. Therefore I left Japan with a little confidence but also I had some anxiety to be in the clinical setting for the first time outside of Japan. The hospital is located in New Brunswick, and the apartment I spent one month is 20 min far by campus bus, located in Busch Campus, Piscataway Township. It snowed in New Jersey meanwhile in Japan the cherry blossoms were falling. There were much nice and fresh days feeling spring. On weekends, I visited New York and Niagara falls and so on, making the month really enrich.

As Dr. Lin, who interviewed me was on vacation on the 1st, 2nd week, I followed Dr. Ikegami, Cardio-thoracic Surgeon. He graduated from medical university in Japan and had experience as cardio-thoracic surgeon in some university in the U.S. To be a medical doctor, not a researcher, we need to pass the USMLE. It is extremely hard to pass USMLE while driven by the examination for medical practitioners. I feel really grateful for having opportunity to be able to hear from Dr. Ikegami about his experiences.

Not like in Japan, in the U.S. there are many staffs other than surgeon in the operating room, like physician assistant. There was no other surgeon but Dr. Ikegami in the operating room. In RWJUH 4 cardio-thoracic surgeon operate more than 1,000 operations in a year. Dr. Ikegami operated 3 operations in a day so he was very busy, not having time for lunch. Therefore off course he operated the main heart part then the physician assistants did skin incision or open-heart or close-heart and Dr. went to the next operation. It is a supremely unforgiving schedule but in Japan there’s not much hospitals which have so many cases. Also to refer for the operation, the referral comes to the medical office in Japan but to the individual surgeon in the U.S. so the skill and trust of the surgeon is reflected. When planning to brush up operation skill and succeed as a surgeon, I thought training in the U.S. is the best way for that as far as I heard.

Beside cardio-thoracic operation, I also observed neurosurgery. I observed awake craniotomy, (the patient is awake at operation!) so I thought it is much scarier than usual operation. I heard the patient went well later.

On 3rd and 4th week, I followed Dr. Lin at family medicine. Family medicine is not common in Japan, but is in the U.S. From children to the elderly come for many reasons as medical checkup, asthma, depression, or backache. The system of insurance differs from people to people in the U.S. not like the universal care in Japan. It was impressive that asking which insurance patients are in to every one.

The style of medical interview is different from Japan, the patient is waiting in the room and the doctor enters after. At the reception the nurse asks what is the problem and the resident doctor takes over. After generally medical interview, the resident doctor present to Dr. Lin, the preceptor, how the resident doctor thinks about the symptoms and make a decision for treatment. Dr. Lin asks some questions and when she thinks the direction is accurate, they tell the patient their plans. Dr. Lin has her own patients too and once I had a chance to observe a Chinese patient. I couldn’t understand Chinese but it was a great experience as I have never observed before.

Dr. Lin specializes acupuncture and many patients come for backache or shoulder pain. Acupuncture, having thousands of history in China, is covered by many insurances in the U.S. and it is very effective for many kinds of chronic pain. Therefore there are patients who come every month and they told me the goodness of acupuncture.

Other day, I participated in obstetrics and gynecology workshop, lectures for EBM. At the workshop, some companies for IUD came and showed how to use IUD, explained how it works, species, side effects. We used model of vagina or kiwi and could have fun doing the workshop.

At the lecture for EBM, there was a lesson for the species of reliability of the papers and presentations from the resident doctors. They presented the theme they are interested in and relied on evidence. In Japan, EBM is really important too, and I knew that in the U.S. they think the same way.

In this 4 weeks, I could meet various people. A patient who came to Dr. Lin was a person who contributes to international exchange in the city of New Brunswick. Hyogo College of Medicine is the first Japanese college to have international exchange with Rutgers Robert Wood Johnson Medical School. City of Fukui establishes a sister city relationship with New Brunswick. I had a chance to be in the affiliation of Rutgers University and Fukui University with the President of Fukui University and international exchange center. There, I first heard about Taro Kusakabe, the pioneer to come to Rutgers from Japan, and I was amazed that there was relation from over 100 years ago. Also I am so proud to be able to be in the member even it was a short term.

I am really grateful to Dr. Miwa, Ms. Torii, Dr. Lin, Dr. Ikegami, and those who took part in my exchange. Through this one month, I experienced what I could not do only being in Japan, and got much more interest in medicine. If I have the chance to meet them, I wish to them to see me much grown.