

Kobe University Division of Disaster and Emergency Medicine Reflection
Jersey Chen - Rutgers Robert Wood Johnson Medical School
7/25/2023

Background:

I went to Kobe University for 3 weeks from June 19th through July 7th 2023 for a global health rotation in the Division of Disaster and Emergency Medicine, which was run by Dr. Joji Kotani. The purpose of this rotation was to learn about emergency care in the context of Japanese society and medicine.

Formal Lectures and Trainings:

Each morning of my rotation was started off by a “morning conference” where the attendings and residents went over each patient in their care, and patients who were admitted overnight. They went over the care plan for the day before going on rounds.

Throughout the week, there were formal lectures that began before rounds. The lectures I attended ranged from various topics on emergency medicine. I attended the following lectures:

- BLS and ALS procedures.
- Evidence based medicine.
- Disaster and emergency medicine system response in Japan.
- Disaster Triage.
- Endotracheal intubation procedures and indications.
- Pericardial Thoracentesis procedures.
- Chest tube procedures.

Following lectures, we got to practice ET intubation using both the direct laryngoscope method and video laryngoscope. We also got to practice pericardial thoracentesis, and went through a mock patient scenario for a patient in active cardiac arrest.

Program Training Locations:

Over the course of my 3 weeks, I spent time at 4 different hospitals.

- Week 1: Kobe University.
- Week 2: Kobe University (Monday - Wednesday), Konan Medical Center (Thursday - Friday).
- Week 3: Kobe City Medical Center General Hospital (Monday - Tuesday), Hyogo Emergency Medical Center (Wednesday - Thursday), Kobe University (Friday).

Each hospital was so different with their cultures, procedures, patient volume, and residency training. Overall I'd say that Kobe University, Hyogo Emergency Medical Center (HEMC), and Kobe City Medical Center General Hospital (Kobe General) saw the highest acuity patients while Konan saw much less severe patients. Kobe General was also the largest and busiest hospital with over 25 ED beds and an ICU. HEMC was the least busy, but arguably saw the highest acuity patients. Kobe University was in the middle of the three hospitals in terms of patient volume and acuity.

Physician Training Differences Observations:

The first difference in medical training between the USA and Japan is that medical school in Japan starts right after high school with students taking an entrance exam for direct admissions into medical school while in the USA medical school starts after students have received a bachelor's degree. I also noticed that each school administers different entrance exams. Kyoto University's exam is different than Kobe University's which is different than Hyogo College of Medicine's - in the US on the other hand, our entrance exam is standardized across the country. Then, medical school is 6 years in Japan rather than 4 years in the USA. However, since Americans already have a bachelors before starting medical school, most Japanese students graduate younger than American graduates.

Similar to the US however is that for Japanese medical students applying to "Junior Resident" positions, they also have a match system. Once they are matched, then the Japanese residents go through a 2 year "Junior Resident" program where they rotate through every specialty. This allows them to experience all fields while learning the basics of medicine and really solidifying procedural skills like IV insertion, suturing, central line access, and intubations. I think this is a huge difference between Japan and the US and medical students in the US apply directly into their specialty of choice residency during their fourth year of medical school and don't have the same "Junior Resident" program that allows them to do more rotations and develop their procedural skills as much. Japanese doctors all leave Junior Residency with baseline procedural competency before applying to their chosen specialty as "Senior Residents."

Another difference I noticed is that there are more doctors cross trained in different specialties than in the US. I've met several doctors who went through several residencies and fellowships - which makes for a very long training pipeline. The most common combinations that I saw was Emergency Medicine and Infectious Disease or Anesthesia and Emergency Medicine. I even met former surgeons who were now Emergency physicians or ICU physicians. While they were still in the minority, it was interesting to see as that is incredibly rare to see in the US. I think this makes for more well rounded physicians who are more self reliant and can care for a wider spectrum of patients.

Summary:

I think there are a few key differences in how physicians in the US and Japan are trained, but at the end of the day, I have seen that the heart of a doctor is the same. A saying that I have seen lived out over and over again is that "People are People." In a similar vein, "Doctors are Doctors." Whether they are Japanese or American, doctors across the world share the desire to always want to improve so that they can best take care of patients. At the core of everything a doctor does, is taking care of the patients who put their trust in them. This is the most important similarity that I have seen in both countries.

Dr. Kotani held a welcome dinner at his home:



The doctor car, which is based out of the hospital is dispatched through the EMS system for severe calls for when the need exceeds what EMS can provide.



Dr. Ono taught a class on intubations and we practiced both direct and video laryngoscope







Stephanie brought some American snacks for the other medical students and staff on rotations - Reese's was the consensus favorite. Also they don't have "Flaming Hot Cheetos" in Japan, which is a flaw in the PepsiCo Japan's product team.

Watching a patient who was on continuous hemodialysis transition from ET tube to tracheostomy.





We visited Kobe City General Hospital.



Osaka with Kobe University Students and Isabel who was doing her exchange program at Hyogo College of Medicine.

We visited Hyogo Emergency Medical Center which was the disaster center for the Kobe area.









Junior Residents at Hyogo Emergency Medical Center.

Dr. Kotani hosted another dinner for us with both ED residents and attendings, and two medical students who may be coming to RWJMS next year!







More pictures with Mayuko and her Hyogo College of Medicine friends.



RWJMS meets in Osaka!!!