Report

Ai Monno
1st-year resident, Nagasaki Municipal Hospital

Day 1

Today was the 1st day of the resident physician course at Hawaii University. I was nervous thinking if I could understand what teachers say and I could ask questions.

In the 1st class, I learned about simulators. Dr. Berg told us the difference between "immersive" and "task trainer", but it was difficult for me to understand.

In Nagasaki Municipal Hospital, we don't have enough simulators unfortunately. I thought it is important to provide better environment for medical residents' training.

In the 2nd class, I had a listening lesson with scenes of Grey's anatomy. They spoke very fast in the movie. It was too difficult to catch up. I realized that it's important to try telling others about a patient's status with limited words.

In the afternoon, we had "Emergency Medical Cases Ⅰ". We were divided into 3teams and played a role of a team leader, a recorder, a keeper of a monitor, or an aid. Dr. Oliver gave us a chart(age, sex, cheaf complaint, etc) We took the patient's history, physical signs, and a blood test. We had to decide what to do next quickly.

In my practice, I'm always beside my senior doctors. So it was very special experience to survey the patient by myself.

Day 2

In the 1st class, I learned about airway management. Succinylcholine is used commonly in case of a rapid sequence intubation. Its effect is fast onset and short duration. When a patient has burn, renal failure, rhabdomyolysis, or hyperkalemia, we had better use Rocuronium instead of Succinylcholine. After the lecture, I practiced intubating in several methods. It was my first time to use a laryngeal tube. We can choose the best tool depend on a patient's status.

In the afternoon, we were divided into 2 groups and had 3 cases scenario of the unstable patients. I played role of a doctor in one case, but it was difficult to keep myself calm. I took long time to figure out the patient's status and make diagnosis.

I learned a lot through many mistakes.

Day 3

Today's morning scenario was "One Night On-Call". The object was to realize a patient's situation, background, assess, his/her condition, and recommend ordering. "SBAR report" stands for it. Doctors on call don't need to treat patients completely. The most important thing was to stabilize the unstable patient. We have to manage a problem as much as possible before calling for help, especially in the midnight.

The scenario in the afternoon was about medical crisis team training. There are 3 important things to make team work better. Awareness of everyone's role, communication, and organization. We had 3 cases scenario and we got improved step by step.

Day 4

We went to Tripler Army Hospital in the morning. Dr. Vincent guided the hospital. I was nervous at first because it was an army hospital and there were many soldiers, but Dr. Vincent's talking was funny, so I was relaxed. We visited ICU, PCU, and wards. There were signs of "NPO" in front of some rooms, which was what we learned on tuesday. A sign of a falling star meant a patient who has a risk of skidding. We had a lunch at "Anuenue" café, meaning a rainbow in Hawaiian. It was impressive for me that doctors walked into the cafeterior without taking off their lab coats. I thought it could be some hygene problems especially in front of patients and their families.

In the afternoon, we practiced 3 senarios and I was a team leader. I ordered "O/M/I" to other members at first, but couldn't think of nextmedications. I'm getting better little by little, but there are still some problems.

私は長崎市民病院の管理型研修プログラムに所属しており、新鳴滝塾の枠でハワイ研修に応募しました。研修はハワイ大学医学部 Sim Tiki シミュレーションセンターで月曜～金曜の 5 日間行われました。ここではアメリカ国内で唯一日本医療従事者向けのコースを開催しています。レッスンは朝 9 時から午後 3 時まで、medical vocabulary や気道確保などの講義や、最先端のシミュレーターで様々な症例を経験しました。レッスンは基本的に全て英語でしたが、難しい所は宮本先生が和訳してくださったので、言葉の壁は思っていたほど感じませんでした。毎晩ミーティングがあり、全員で意見交換を行いました。一日の復習や症例報告をして、曖昧だったところを確実に理解することができました。Sim Tiki でのレッスンは内容が盛り沢山で、毎日刺激を受けました。

シミュレーションでは少人数のグループに分かれ、チームリーダーや呼吸管理、記録係などの役割を決めて行います。例えば「あなたは今夜の on-call 担当医です。病棟から患者急変の連絡がありました」という設定で、駆けつけると病棟ナースから簡単な状況説明を受けます。モニターをつけ点滴確保をして、問診や診察を行います。この場合、大切なのは完全な治療を行うことではなく"stabilization"（患者の状態を安定化させること）だと教わりました。また、設定は真夜中なので、その場でできる検査は限られており、診察所見やバイタルの経過などからどうしても患者の状態が改善できないと判断されるときのみ主治医に連絡します。研修医 2 年目の先生方のてきぱきとした対応に圧倒され、来年は自分もこうなれるのだろうか…と少し不安になりました。

現在の研修では、当直では必ず指導医の先生がいらっしゃるので、「どんな検査をしたらよいか？何を投薬すればよいか？帰宅させてもよいか？」などわからないことがあってもすぐに質問できます。今回の研修を通して、長崎市民病院は研修医にとって恵まれた指導環境であることへの感謝と、それに甘えず自分自身で考えることの大切さを改めて感じました。

今回は、このような素晴らしい勉強のチャンスをくださった新・鳴滝塾の方々に感謝の気持ちでいっぱいです。私は 10 月から救急での研修が始まるので、今回学んだことを基礎として一層勉強に励み、日々の研修生活に活かしていきたいです。