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"Developing medical workers with a multilateral international perspective"

The 2009 (February) EMP Report

Feb. 19-24, 2009



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I EMP

English Department TAMADA Yoshiyuki

This is the EMP report for the second semester of 2008.

Four years have passed since we held the first EMP program for medical students in 2005. The aim of this program is to motivate students to speak English with confidence at Prince of Songkla University (PSU) where they will take bedside learning. We started with 4 exchange students, and now we have 8. Our program is a mutual clinical exchange program, in which many Thai students spend time in various medical departments here. Most universities in Japan send their own students abroad but do not accept exchange students. In 2009 we are planning to send some students to the University of California, Irvine (UCI), U.S.A. In November, 2008 there was an EMP session conducted by Dr. Feizal Waffern, who was invited here by the Department of OB/GYN. Associate Professor Yokoyama visited UCI in December, 2008. Lecturer White and Dr. Sameshima (OB/GYN) visited UCI in March in preparation for the upcoming exchange. In the beginning EMP started in the 4th and 5th year, but now it is offered to students from the second year, in order to improve English skills for the bedside learning at UCI.

It has been three years since we started ENP (English for Nursing Purposes) for nursing students and nurses at the University Hospital. They are also planning to start formal exchanges with PSU next year. In 2008 we sent Miss Yasuko Asogawa, a 4th-year student, to PSU for one week of bedside learning. Because of political unrest in Thailand the August visit was postponed until November. Miss Asogawa experienced a historical airport occupation by anti-Government activists, but fortunately enjoyed her stay for another week. In February, 2008, two Registered Nurse (RNs), Ms. Emi Sato and Ms. Minako Uehara took bedside learning at PSU Hospital. And in March, Lecturer Kiyoko Mizuhata and Assistant Tamayo Hasegawa visited the Nursing Department in preparation for the upcoming exchanges. In February the formal memorandum for the formal exchanges was signed, and the curriculum for ENP was revised for 2nd and 3rd-year students.

Soon after we started the EMP program, we were asked to apply for an outside grant. We applied three times and, in 2008, we were given a grant by the Ministry of Education, Culture, Sports, Science and Technology : "Support Program for Distinctive University Education 2008" Our title is "Developing medical workers with a multilateral international perspective."

This grant enabled us to employ Ms. Nambu who has been helping the EMP Program from the start, and an office clerk. Thanks to this grant we were able to invite five Thai doctors, one UCI professor, a doctor, and three guest lecturers from Tokyo to the February EMP. They conducted some EMP classes and most of them were also speakers at the Thai-Japan symposium. The grant also enabled us to acquire up to date video and computer equipment, as well as medical books and DVDs for the students.

The first chapter of this report includes a general outline of the EMP program. Chapter Two features student reports and feedback results. Chapter Three contains my postscript.

This program has increased the workload of the Department members, but we are pleased to make every effort in order to help EMP and ENP students and nurses speak English with confidence in clinical situations. We would like to express our gratitude to all those who have assisted and supported us in promoting this EMP/ENP program.

I sincerely hope we will be able to continue this program.

Tama

March 30, 2009



II Activity Report 1 EMP 2009 February schedule

EMP 2009 February Schedule

Feb 19 (Thu)	8:40~10:10	10:30~12:00	13:00~14:30	14:50~16:20
M5	Dr.Anusak Saengsom (Songkla resident)	Guest / White	Miss Tharntip Sangsuwan (Songkla resident)	Guest / White
M4	Miss Tharntip Sangsuwan (Songkla resident)	Nobuko Kawabata (Simonton)	Dr.Anusak Saengsom (Songkla resident)	Nobuko Kawabata (Simonton)
Feb 20 (Fri)	8:40~10:10	10:30~12:00	13:00~14:30	14:50~16:20
M5	Dr.Anusak Saengsom (Songkla resident)	Guest / White	Marie Yamashita (alumnus)	Maliwan Oofuvong (Songkla, professor) Anesthesiologist
M4	Miss Tharntip Sangsuwan (Songkla resident)	Suvina Ratanachaiyavong (Songkla, professor) Biomedical Sciences	Nobuko Kawabata (Simonton)	Marie Yamashita (alumnus)
M2,3		Nobuko Kawabata (Simonton)		
Feb 21 (Sat)	8:40~10:10	10:30~12:00	13:00~14:30	14:50~16:20
M5	Sunton Wongsiri (Songkla, professor) Orthopaedic	Suvina Ratanachaiyavong (Songkla, professor) Biomedical Sciences		
M4	Maliwan Oofuvong (Songkla, professor) Anesthesiology	Sunton Wongsiri (Songkla, professor) Orthopaedic		
Feb 22(Sun) International Symposium				
Feb 23 (Mon)	8:40~10:10	10:30~12:00	13:00~14:30	14:50~16:20
M5	Larry Gold (UCI)	Guest	Yasutaka Kato (Japanese Red Cross)	Yasutaka Kato (Japanese Red Cross)
M4	Larry Gold (UCI)	White	Yasutaka Kato (Japanese Red Cross)	Yasutaka Kato (Japanese Red Cross)
Feb 24 (Tue)	8:40~10:10	10:30~12:00	13:00~14:30	14:50~16:20
M5		Yasutaka Kato (Japanese Red Cross)		
M4			Yasutaka Kato (Japanese Red Cross)	

2 EMP class report, Assignments

Students' Class Report

February 19th

1st class

Dr. Anusak Saegsom and Miss Tharntip's session (Songkla resident)

We watched the drama "Grey's Anatomy" together. After that the teachers asked us some questions about the story. When we were asked about GCS (Glasgow Coma Scale), which is used to evaluate the severity of coma, we couldn't answer. We often use JCS (Japan Coma Scale) so we don't know much about GCS. We learned about GCS and the meaning of GCS3. GCS is determined by evaluating the eyes opening, verbal response and motor response.

After watching the drama, we talked about brain death and organ transplantation. We discussed a scene in which a doctor explained brain death and organ transplantation to a patient's family. We felt that the doctor of the drama ought to have spent more time explaining. I thought it was very difficult for the patient's family to agree to organ transplantation.

At the end of the session, the teachers taught us four principles of medical ethics. They are autonomy, beneficence, "do no harm", and justice. We had a good opportunity to think about medical ethics in this session.

Ikue Naganawa



February 19th

2nd class

Mr. Guest's class

In this class, we started studying "Academic Writing". In this course (4 classes), we will learn what is included in an academic paper and how to write one by ourselves. This is a beginner's course. Today, in the lesson, we learned about the form of academic papers. There are two types of academic papers 1) Standard research papers, and 2) Case study papers. Each paper has specific forms consisting of several sections. Today we read two actual case reports and checked the useful terminology. Although M5 students sometimes

Akiko Tanaka



have to read some academic papers when writing reports in PORIKURI practice, we didn't know the academic form clearly. Before this class, we had to prepare a brief (about 300 words) abstracts or case reports. Through this Academic Writing course, we are to write reports more correctly. We have never written anything like an academic paper by ourselves before. So we are fortunate to be able to have this good experience, and I think this experience will help us in the future.

February 20th

2nd class

Mr. White's class

Last year's Classes with Mr. Guest and Mr. White, about doing presentations, were amazing and profitable. So I was very much looking forward to these academic writing classes. And there is one more reason for this; I often feel anxiety about writing.

This was the third class about academic writing and we were to hand in our final product. We made corrections on each paper especially regarding articles, tense and things we learned in the previous session. This was first time for us to write academic medical papers so everyone seemed to struggle hard with writing them.

Akari Wada





This EMP course is very special so I was very much looking forward to this course because we have many special teachers than in past courses. The classes I had taken already (Dr. Anusak, Dr. Sengsom, Dr. Yamashita and Prof. Maliwan Oofuvong) were very stimulating and interesting. But the regular teachers' sessions, Mr. Guest's and Mr. White's, were also stimulating and interesting! Their sessions are also necessary for EMP and should always be kept as a central part of the EMP program.

February 20th

3rd class

Dr. Yamashita's session

Dr. Yamashita, who is an alumnus of our university, had a session about mnemonics in clinical practice. For example, she told us about "ADC-VAN-DIMEL", which refers to items on a hospitalization admission form. She said that writing the form was an intern's task, and that she actually uses this mnemonic at work. After learning some mnemonics, we wrote the admission form using a sample case. Through this session, we learned a part of intern's work, and what we need to think about in diagnosis and the management of hospitalized patients. We have already finished the 5th year rotation, allowing us to enjoy this session much more. I think the mnemonics we learned today will be useful after graduation.

Nobuyuki Ishii



February 20th

4th class

Mr. Maliwan Oofuvong's session (Songkla, professor) Anesthesiology

Dr. Maliwan Oofuvong is an anesthesiologist at PSU, so we learned about CPR (cardiopulmonary resuscitation) in this session. What doctors should do for patients in emergency cases, includes BLS (Basic life support) and ACLS (Advanced cardiac life support). During this session, we discussed a case in which bleeding victims from a traffic accident were laying in the street. What we should do first is BLS. BLS includes, as a first course of action, ABCD- which stands for Airway, Breathing, Circulation, and Defibrillation. Dr. Maliwan taught us the details of these steps and how to do them clearly. We also watched a video and it helped us understand the steps more clearly. Dr. Maliwan also told us that the time limitation for the resuscitation of patients is only 4 minutes because the brain can tolerate hypoxia only up to 4 minutes. It was important to recognize that we should resuscitate patients as soon as possible to save them. Also we learned about ACLS. We had learned this in clinical practicums before, but it was very useful for us to reinforce our knowledge.

Mizue Kanai

February 21st

1st class

Dr. Sunton Wongsiri's session (Songkla, professor) Orthopaedic

Dr. Sunton Wongsiri is a professor of Songkla University, an orthopedic surgeon. In this class, he lectured to us about fractures and dislocations of fingers and hands. Before this class, I felt a bit nervous because I'm not good at orthopedics, even in Japanese. However in this class, Dr. Sunton taught us using gestures and with understandable comparisons, so it was easier to understand and also interesting.

Akiko Tanaka

During the lecture, he sometimes summarized what he taught us so we could know and memorize the important points. For example, if the fracture is stable (nondisplaced), it needs to be splinted and on the other hand, if the fracture is unstable (anacceptable) it needs surgical treatment. He also advised us how to improve our English speaking skills. He advised us to try to speak with our friends in English, to shadow words in English movies, to

speak in English even when we are alone (for example, in a bathroom), and to pronounce English words out loud. Though EMP sessions, I really felt I need to improve my English speaking skill so I'll try these trainings. He taught us a lot of things and we enjoyed his class very much.

February 21st
2nd class

Ikue Naganawa

Suvina Ratanachaiyavong's session (Songkla, professor) Biomedical Sciences

In this class, we learned about obesity, metabolic syndrome and type 2 diabetes mellitus. Before the class we read two related articles from medical journals.

First Dr. Suvina asked us about the definition of overweight. Then we learned about the classification of BMI. We calculated our BMI and checked that our BMI's were normal.

Next we talked about metabolic syndrome. Dr. Suvina mentioned a lot of the risk factors related to metabolic syndrome (type 2 DM), such as age, hypertension, and family history. These were divided into two groups: nature (genetic factors) and nurture (environmental factors).



Environmental risk factors are more important because people can reduce risks by changing their lifestyle. Dr. Suvina emphasized this point. Therefore the first treatment for DM is changing one's lifestyle. Doctors educate patients about their diet and activities. We learned it is important to find patients in early phase of type 2 DM in order to prevent them from getting worse.

Finally, we asked Dr. Suvina some questions. She answered our questions in detail. We learned a lot in this class.

February 23rd
1st class

Narita Kentaro

Mr. Larry Gold's session

In this session, Mr. Gold present to us about the University of California Irvine (UCI).

Mr. Gold is a vice president of UCI. He's not a doctor, but he is in charge of the student exchange program. He explained to us mainly about the circumstances of exchange students in UCI.

First, he explained to us about general features of UCI, for instance, campus location, departments, and the new hospital. He told us that the departments of UCI have received a high evaluation in the U.S. and they had three Nobel prize-winning scientists.

Then he told us about the exchange program between other universities and UCI. He explained that UCI could provide us three kinds of exchange programs; formal, informal, and scholarship. All of these are provided for both doctors and students. There's a formal exchange between UCI and University of Miyazaki for doctors and he said it's the time to expand the program into a student exchange program. Finally, he told us that we should be prepared for accommodation and transportation costs. He said that he will help us to have a good experience in UCI.



February 23rd
3rd class

Akari Wada

Mr. Yasutaka Kato's session, The international Red Cross (Red Crescent)

First, Mr. Kato briefly told us about International Red Cross and Red Crescent (IRC) Movement.

The IRC is;

- International Committee of the Red Cross (ICRC)

- International Federation of RC/RC Societies
- Red Cross Societies/Red Crescent Societies

Red Cross (RC) does various things. For example, there is "Red Cross Message" which is messages between detainees and their families. Nobody can do this except RC. Detainees are allowed to write about family and/or private news only. They cannot refer to political or military things. RC has to observe neutrality.

Secondly, he explained about emergency response unit (ERU), a disaster response tool ready to be deployed at short notice that;

- uses standardized equipment
- has teams of pre-trained specialists
- is self-sustainable for 1 month (RC has to have water and food for them)
- can be deployed anywhere in the world
- is maintained by National Red Cross Societies...

At the end of this class, we did a Site Selection Exercise. We thought about where to deploy our Basic Health Care-Emergency response unit (BHC-ERU) on the assumption that there was an earthquake in "BRAKO". We had to consider site selection criteria, including Space, Security, Water, Sanitation, Road access/Logistics, Environment and Beneficiary access. We thought somewhere near a police station would be a safe place, but we were wrong, because demonstrators who feel angry at a government tend to go to police stations. He told us there is no absolutely correct answer.

February 23rd
4th class

Nobuyuki Ishii



Mr. Yasutaka Kato's session, The international Red Cross (Red Crescent)

In this session, Mr. Kato told us about a refugee camp. Before this session, I had thought that everything in the camp was chaotic. However, to my surprise, many things, especially space, water, foods and services were well organized. The way in which they are distributed depends on the number of people, allowing every person in the camp to obtain them equally. After the introduction of the refugee camp, we had an activity in which we had to design a refugee camp in a hypothetical area. In this activity, we calculated the amount/number of resources (e.g., water, toilets, markets, schools, police station, health center, etc) needed in the camp, and planned to assign them to where the refugees could access them easily. Through this session, I understood that making a refugee camp organized was the key point in

providing many resources for the refugees and to sustain the camp effectively.

February 24th
2nd class

Mizue Kanai

Mr. Yasutaka Kato's session, The international Red Cross (Red Crescent)

In this session, we watched three videos. The first video showed people who suffering from disputes in their own countries. The ICRC (International Committee of the Red Cross) supports and protects them. The second video was about the SIrUS project. SIrUS stands for "Superfluous Injury or Unnecessary Suffering". The final video was about war surgery.

These videos taught us what to work actually the ICRC does in a war zone.

All of the videos were very stimulating because they showed in detail the ICRC activities. We had a good



opportunity to learn about these things through this session.



EMP 5th-year students Academic Writing

Nobuyuki Ishii

Background

An iPS cell refers to an “induced pluripotent stem” cell, that is cells having the potency to differentiate into any type of tissue. Although ES (embryonic stem) cells, which have the same ability as iPS cells, already exist, these cells are receiving more attention around the world.

Characteristics of iPS cells

iPS cells have some very interesting features. In particular, they are made from the patient’s own skin cells. This solves two big problems found in ES cells. First, iPS cells present fewer ethical problems. ES cells are made from embryos that some think as the beginning of life. This is controversial throughout the world. In this regard, iPS cells involve fewer such problems because skin cells are not embryonic cells. Secondly, unlike ES cells, iPS cells are made from the patient’s own cells. This causes no rejection response and therefore iPS cells can have more potential medical applications.

Medical Applications and remaining issues

It is thought that there are three potential applications in medical practice. First, the cells can be applied to regenerative medicine. Tissues and organs may be created using iPS cells, and applied to patients who have, for example, spinal injuries. Secondly, it may be possible to research the etiology and pathogenesis of incurable diseases, and that will lead to determining treatment. Thirdly, evaluations of pharmacological potency and toxicity in individual patients may be performed.

At this time, the second and third applications written above will be realized in the near future. Applying this to regenerative medicine, however, is difficult to put into practice because of two significant issues that must be overcome. First, there remains some probability that iPS cells will develop into cancer cells. Secondly, they have the potential to become germ cells and this indicates that there is a possibility of creating cloned humans.

Conclusion

iPS cells overcome the medical and ethical problems of ES cells, and have important potential medical applications. However, there are many remaining issues to be considered before being applied to humans.

Mizue Kanai

A 59-year-old woman was presented to the Miyazaki university hospital complaining of an episode of syncope. 2 months before, she had experienced palpitations, fainting, and general discomfort several times when she was doing housework. Usually she recovered after several minutes rests.

Five days prior to this, when running up a hill, she experienced discomfort and syncope for about 2 minutes, plus a general seizure which lasted for several seconds. She denied having urinary and fecal incontinence. She went to the nearest hospital soon after the episode. She checked her blood pressure and ECG. Both were normal. She had never had similar episodes before.

Her past medical histories included an appendectomy and total thyroidectomy. She also takes Thyradin-S and Alphacalcidol regularly.

On physical examination, her heart rate was 54 bpm, regular, and BP was 110/60 mmHg on the right arm, 108/60 mmHg on the left arm. Systolic BP was 120 mmHg on the right leg, and ABI was 1.09. Her skin was not cyanotic. His chest and neck were clear upon auscultation, and her cardiovascular examination revealed no murmurs and no jugular venous distention. Neurologic examination was normal. Laboratory studies were significant due to a white blood cell count of $3.8 \times 10^3 / \mu\text{l}$. The hemoglobin level and platelet count were normal.

Chest radiography and EEG were normal. ECG showed normal sinus rhythm, normal axis deviation, and normal ST-T change. They also indicated complete right bundle branch blockage and first degree AV blockage (PR time: 0.258sec). Holter ECG showed 32 instances of atrial premature complex and two instances of ventricular premature complex within 24 hours. Treadmill test revealed second degree (Mobitz type II) AV blockage. MRI and MRA of the brain were normal.

The most likely diagnosis was a syncope caused by second degree AV blockage (Adams-Stokes syndrome). Sarcoidosis should be considered as a differential diagnosis because Sarcoidosis can cause retardation of the atrioventricular conductions.

Treatment of this patient should involve implanting a pacemaker, and administration of steroids for Sarcoidosis.

Case report: pancreatic head cancer

Akiko Tanaka

This case involved a 68 year old woman, who presented with general fatigue, epigastric discomfort and jaundice. In June 2008, she first presented with history of severe general fatigue. She subsequently developed epigastric discomfort and jaundice. From the US and CT, obstructive jaundice caused by pancreatic head cancer was suspected. She underwent EBS (endoscopic bile duct drainage), and a metallic stent was deployed in the common bile duct, reducing the jaundice.

To undergo further analysis and therapy, she was admitted to the Miyazaki University hospital in August. She was 146cm tall, 43.4kg, afebrile. BP was 134/82, Heart Rate was 71/min. Abdominal examination revealed no tenderness. Laboratory studies indicated elevated amylase (523IU/L) and lipase (322.0U/L). CA19-9 level was also elevated (345.4U/ml). Hb-A1c was also slightly elevated (Hb-A1c:6.7%). Other findings were normal.

She had diabetes mellitus, for which she was taking medication. Her medical history was notable for mastectomy for right breast cancer. Her family history presented nothing unusual.

The abdominal US revealed a low echoic mass lesion which had a diameter of 3.5×4cm at the head of the pancreas. No liver masses were noted. CT revealed a low density irregular mass lesion which had a diameter of about 3cm at the head of the pancreas. At the lesion, the main pancreatic duct was obstructed, which was dilated at the periphery. The border of the mass and the duodenal was unclear. The gastroduodenal artery was narrow, which suggested an invasion of the tumor. The region of the origin of portal vein (PV), and the confluence area of superior mesenteric vein (SMV) and splenic vein were both very close to the mass, causing them to become narrow, which suggested invasion of the tumor. ERCP (endoscopic retrograde cholangiopancreatography) revealed that inferior part of the common bile duct was narrow, with a the length of about 2.5 cm.

From these findings, the most likely diagnosis was pancreatic head cancer, stage IVa. Due to the medical

treatment guide lines for treating pancreatic cancer, in cases of pancreatic cancer in stages I ~ IVa, the 1st choice of the treatment is surgery. Therefore in this case, it was decided that PpPD (pylorus-preserving pancreaticoduodenectomy) should be performed.

Ikue Naganawa

A 76-year-old woman with a history of hypertension and hyperlipemia presented at the Miyazaki university hospital complaining of a 5-months history of vertigo. She experienced vertigo when she got up or changed her position in bed. On examination, her heart rate was 76 bpm and blood pressure was 165/93 mmHg. She had mild hoarseness in her throat. Her tongue was shifted to the left and curtain sign was positive. Her hearing and swallowing abilities were good.

CT and MRI were performed. The CT showed a large tumor (about 20 mm) in the left CP angle. The tumor was equally enhanced by the contrast medium. Bones around the tumor showed calcification. The MRI showed isointense or hypointense to gray matter on T1-weighted-images and showed isointense or hyperintense to gray matter on T2-weighted-images. Partial enhancement showed dura mater similar to dural tail sign.

The most likely diagnosis by their images was meningioma. Meningiomas arise from the arachnoid cap cells of the meninges. Approximately 90 percents of meningiomas are benign, while 5 to 10 percent are atypical, and less than 2 percent are classified as malignant. Meningiomas are the second most frequent primary brain tumors after gliomas and account for approximately 30 percent of primary intracranial tumors.

Most patients with small asymptomatic meningiomas can be observed and treated only if the tumors enlarge significantly or become symptomatic. This patient had displayed a symptom, therefore treatment was needed. In general, treatment of meningiomas are surgically resected. If this isn't possible, radiotherapy is performed. In this case it was possible to resect her tumor with surgery.

During the operation, the tumor was completely removed via a lateral suboccipital approach. The tumor was surrounded by the cranial accessory nerve and had pressed against acoustic nerve. Histological examination indicated that the tumor was a meningothelial meningioma.

Following the operation, the patient didn't experience vertigo and had no cranial nerves disorders.

Kentaro Narita

【Introduction】

Breast cancer surgery has changed its focus from mastectomy to breast conserving therapy over the past several decades. In the following, I saw a patient with breast cancer, who had undergone a breast conserving therapy was presented.

【History of present illness】

A 53 year old lady was presented with a 1.5cm diameter mass at her right breast. She first noticed the mass 1 year ago in the right upper quadrant in her right breast. She had been seen by a clinic doctor and had been diagnosed as having a hypoechoic lesion in her right breast. A biopsy was performed at the clinic, but the specimen could not be taken at that time. The diagnosis could not be completed. She had a paraplegia due to thoracic vertebral herniation 15 years ago and has had a conducting hearing impairment for ten years. Her father died of adrenal cancer when he was 59 years old. She doesn't smoke or drink. At physical examination, there was a movable mass and there was no color change, no dimple, and no complete fixation on her right breast. She had no lymphadenopathy. There were no abnormal findings on ECG, chest X ray and mammography. The blood test was normal. The US showed 13×10×14mm hypoechoic node at C lesion in her right breast. The CT and MRI showed 13mm diameter node at C lesion in her right breast and some enhanced lymph node at her right axilla. A biopsy was performed again in our hospital but a specimen couldn't be taken.

【Preoperative diagnosis】

Suspected right breast cancer. (Stage2A)

【Performed operation】

Breast conserving therapy and right axillary lymphnodectomy.

【Post operative diagnosis】

Right breast cancer. Scirrhous carcinoma. No invasion of pectorialis major muscle.

【Considerations】

There are two types of surgical treatments available for patients with breast cancer. One is radical mastectomy and the other is breast conserving therapy. Some decades ago, almost all the breast cancer patients had radical mastectomies, because it was believed that they could reduce the mortality rate more efficiently than other therapies. But recently, over 50% of breast cancer patients have had breast conserving surgery, because it has become clear that the survival rate at 20 years in patients with stage1 or 2 breast cancer does not show a significant difference between the two surgical procedures. Besides the survival rate, but breast conserving therapy also has a cosmetic advantage. This patient had a breast conserving surgery because of these reasons. This patient should have post operative radiation therapy afterward, because some studies¹ suggest that patients who received radiation therapy after breast conserving therapy have lower recurrence risks compared to patients who do not.

1. Romestaing, P, Lehingue, Y, Carrie, C, et al. Role of a 10-Gy boost in the conservative treatment of early breast cancer: results of a randomized clinical trial in Lyon, France. *J Clin Oncol* 1997; 15:963.

Efficacy of CDE-11 therapy: combination of CBDCA, DXA, ETP, CPT-11 for patients with lymphoma-type Adult T-cell leukemia/lymphoma; A case report

Naoko Hayashi

INTRODUCTION

Adult T-cell leukemia/lymphoma (ATLL) is characterized by a proliferation of T cells infected with the human T-cell leukemia virus type I. There are four clinical subtypes of ATLL: smoldering type, chronic type, lymphoma-type, and acute type. The therapies of acute and lymphoma-type of adult T-cell leukemia/lymphoma (ATLL) that are supported by clinical trials are mLSG15, which includes treatment with vincristine, cyclophosphamide, doxorubicin, predonisone, ranimustine, vindesine, etoposide, and carboplatin, CHOP and hematopoietic cell transplantation. Supported by prospective phase II and III trials, the regimen that appears to result in the longest median survival is LSG15.

CASE REPORT

The patient was a 58-year-old male born in Miyazaki, who was admitted to the University of Miyazaki hospital with T cell lymphoma diagnosed in November 2008 presenting with a bone marrow blast immunophenotype of CD3+CD30-CD79- cells. His primary symptoms were only enlarged lymph nodes located in the inguinal, axillary and jugular regions. The result of flow cytometry indicated mature T-cell lymphoma, and he was diagnosed as lymphoma-type ATLL with the result of a southern blot: 9.4 kb monoclonal band. An mLSG arm was administered. However, following the course of the mLSG15 arm, he was diagnosed with a progressive disease due to the response meeting: as the minimum of at least a 25 % increase in the size of the measurable disease or the appearance of new lesions during treatment. The patient rejected the proposal of hematopoietic cell transplantation, and the CDE-11 arm which includes carboplatin, dexamethasone, etoposide, and irinotecan, was administered. It is supported only by a phase I trial, but CDE-11 arm includes irinotecan, which isn't included in the mLSG arm. During the first course of CDE-11 arms, the diameters of the pulmonary hilar lesions decreased according to the chest X-ray. However, during the second course, these diameters increased again.

DISCUSSION

In this case report, the patient didn't display evidence of disproportionate drug-related toxicity, but the efficacy of the CDE-11 arm was not noted in the patient with ATLL failure in the mLSG arm.

The first case of Collagenous colitis

Akari Wada

Collagenous colitis is a rare inflammatory colonic disease in Japan (European and America experience more cases than Japan), affecting women more than men. The exact cause of collagenous colitis is unknown, but NSAIDs are commonly implicated. The other group of agents most commonly associated with collagenous colitis are the selective serotonin reuptake inhibitors used in the treatment of depression. Its clinical presentation involves watery diarrhea, usually in the absence of rectal bleeding. It is often classified as microscopic colitis, along with a related condition, lymphocytic colitis.

On colonoscopy, the mucosa of the colon typically looks normal, but biopsies of affected tissue usually show deposition of collagen in the lamina propria, which is the area of connective tissue between colonic glands. Endoscopy and radiological tests, such as a barium enema are typically normal. This study will present a rare case of collagenous colitis which was the first case of its kind in our hospital.

In this case, a 47 year-old woman came to our hospital complaining of chills, a fever (38°C), watery diarrhea, vomiting and stomach ache. She had taken quinolones, cholinolytic and NSAIDs (Sofarin) for cystitis 3 days before the symptoms appeared. The abdominal radiograph showed gas in the small intestine. CT and barium enema showed hypertrophy of descending colon and sigmoid colon. There was no occult blood of feces, and no pathogenic bacteria in feces. There were no specific mucosa inflammatory findings on endoscopy and a biopsy was performed on the thick part of the descending colon. Also, thick collagenous bands were found under the epithelial cells. Treatment of collagenous colitis is often challenging and many agents have been used therapeutically.

3 EMP Class reports

4th-year Students' Class Report

February 19th 1st class

Fumiaki Ikawa

Subject: PBL

Objective: to find out the key to make a good diagnosis.

Contents:

- ① We started with reading handouts about a case, and thought about which sentences are difficult for us to understand. I will show them below,
 - 1; whitish antacid suspension
 - 2; icteric ⇒ pertaining to jaundice
 - 3; sclera ⇒ the dense outer coating of the eyeball that forms the white of the eye
- ② And then, we tried to find out the subject data and object data that are essential for making a good diagnosis. I will show them below,

Subject data

 - 1; 55 years old, Thai mail
 - 2; severe epigastric pain
 - 3; similar symptoms for many days after meals
 - 4; take an antacid suspension ⇒ the condition usually gets better
 - 5; normal appetite and no weight loss
 - 6; He had symptoms for two years
 - 7; symptoms
 - 8; symptoms last one hour
 - 9; recurrence of symptoms
 - 10; smoking; 2 packs/day, 20 years
 - 11; sometimes the pain was so intense that he work up at night
 - 12; no history of other underlying disease
 - 13; he does not drink alcohol



Objective

- 1; vital signs ⇒ tachycardia
 - 2; general appearance
 - 3; lymph node
 - 4; abdomen
- ③ Finally, we thought about what we can learn about
 - 1; abdominal pain ⇒ anatomy of the abdominal organ, physiology and causes of pain, and differential diagnosis
 - 2; antacid suspension ⇒ pharmacology
 - 3; acid secretion and function



February 19th 2nd class

Masanao Shinohara

SIMONTON

We studied about "emotions" and "disease". Emotions influence our minds or feelings very deeply. If we have

negative emotions, we feel things worse. If we have positive one, we feel happy. Emotions are affected by ways of thinking. In general, we can not control nature, but we can control our way of thinking. So the most important thing in influencing our emotions is how we feel. We can not control nature, but we can think and feel freely.

Diseases occur when our stress overreach our limits. Most people think that disease is evil but diseases have some "good" aspects. For example,
 1; we can notice that we are separated from nature.
 2; we can feel how we are loved and received kindness.
 3; we are able to say "no"/ if the task is too much for us.
 4; we can be thankful for others' offers of help.
 5; we are able to take care of ourselves much more carefully.
 We can learn from diseases and make better use of our lives.



I have never been taught about these kinds of topics before. Through these sessions, I realized how powerful our emotions and imaging affect our lives. So I recommend that not only EMP students, but all students have the opportunity to learn about them.

February 19th 4th class

Reiko Ishii

<Subject>

The Simonton Program

<Object>

In the first hour, Ms. Nobuko Kawabata explained to us what the "Simonton Program" is and why Dr. Simonton established this program. In this section, she discussed the meanings of "health" and "hope". In the last 30 minutes, we were divided into two groups and discussed what make us happy.

<Comment>

Ms. Kawabata spoke English with a clear voice and in a suitable speed, and she gave explanations of the words which we couldn't grasp well, so it was easy to understand for us. This was delivered at a good level for me to practice listening. This class was very useful as an English class and of course it was also useful as opportunity to think about the question of "What do we really mean by health (or disease)?", "What do we really mean by treatment for a patient?", as well as the possibilities of "Imaging".

I think, not only EMP students, but also other students, should be given a chance to participate in this class.



February 20th

Yukie Shirasaki

Teacher: Dr. Anusak and Dr. Thantip

There were two programs in today's session.

First, we presented the research which Dr. Anusak and Dr. Thantip gave us to confirm knowledge of yesterday's session. The following is the list of the contents of our research.

- (1) Abdominal pain
 - ① Anatomy of the abdominal organ
 - ② Physiology and cause of pain
 - ③ Differential diagnosis
- (2) Antacid suspension — pharmacology
- (3) Acid secretion and function
- (4) Red flag (of abdominal pain)
- (5) LN difference (between infection and metastasis)

During the presentation, Dr. Anusak and Dr. Tharutip advised us about important points to diagnose abdominal



pain. For example, in (1)①, skin rash indicates deep organ disease, and in (1)③, the location of pain and symptoms are very important for diagnosis, etc. We learned a lot of knowledge about abdominal pain.

Second, we role-played doctor-patient interviews. We were divided into two groups, doctors and patients, for discussion. I was in the patients group. Our group's adviser was Dr. Anusak. At first, he showed us our disease, "dysmenorrhea". I had no idea about this disease, and I didn't follow the other members discussion, but the other members helped me. After the group discussion, we tried to the role-play. The group of doctors didn't know what disease the patients suffered from, so they asked questions and the patients answered, and the doctors tried to decide what disease the patient suffered from. "Dysmenorrhea" is a women's disease, but a lot of our members were men. That was the reason that it was difficult for the doctors to diagnose our disease. Through this role-play, we learned many important points for conducting interviews.

February 20th 2nd class

Reiko Nagoshi

Lecture by Dr. Suvina

Dr. Suvina was a very active and bright woman, and we were drawn to her lecture right away. Her lecture was about Metabolic Syndrome, which is a common interest to both Japan and Thailand. She talked about it using examples of students in Thailand, for example, "Coca Colarization", which explains how much students in Thailand drink and love Coke.



Also, we all were very surprised to hear how young she is.

She told us that in PSU, there are some sport clubs for the staff and Dr. Suvina had also joined it. I thought that we also should have that kind of club so that we can prevent Metabolic Syndrome.

Dr. Suvina lectured us not only by talking herself, but also by asking students questions as the lecture went on. This type of lecture was completely new to us, and I felt it was very effective for learning. Only listening to the lecture passively doesn't make us think in our head, but because she asked us questions as she went on, we could think about and learn those parts which we were not sure about.

As a review, I think it would have been an even more effective lecture if we had prepared for the lecture more.

February 20th 3rd class

Akane Sugino

Today Ms. Kawabata talked to us about death. Most people don't see it and try hard not to think about it. They think living is a good thing and dying is a bad thing.

There are many doctors, who are unable to avoid patients' death, think only that living longer is important for them. But to be comfortable with the concept of death is very important for patients who are going to die and are afraid of it.



There may be another world after death, or perhaps there is no fear and no pain, but only comfort after death. These are examples of images about death. By imagining it in that way, it makes the patient free from fear of death, I think. I was also very impressed by what Dr. Simonton said to his dying patient: "Grow your hope after death." Typical doctors never say that to a dying patient!

I think healthy people also need to have a healthy way of thinking about death, because death is unavoidable. This was the first time for me to discuss death. What Ms. Kawabata told us was very impressive and I have taken it to heart. I think today's lecture will be useful when I become a doctor.

February 20th 4th class

Chihiro Higashimura

Dr. Yamashita's lesson

We learned about "mnemonic" in Dr. Yamashita's lesson.

For example, ADC-VAN-DIMEL. This type of mnemonic is used to fill out an admission form.

A; Admission

For example, "Admit to 6E, Team blue, Dr. A/B/C"

D; Diagnosis

The main problem/chronic illness/ rule out(R/O) etc.

For example, "R/O meningitis"

C; Condition

For example, "stable" "fair" "critical" etc.

V; Vital signs

body temperature/blood pressure/pulse rate/respiratory rate/need monitoring? etc.

A; Activity

bed rest etc.

For example, if the patient is free to go to the Bath Room, we will write "Free BR privilege."

N; Nursing

positioning of the bed/treatment of wounds/what we want the nurse to do etc.

For example, "Notify MD (doctor) if T (temperature) is higher than 102F"

D; Diet

For example, "regular" "clear liquid only" "NPO (nil per os = no water, no food)" etc.

I; In and Out

In → food, drink

Out → urine, stool

M; medication history

E; Extra-Laboratory

For example, "ECG" "X-ray" "CT" "MRI" etc.

L; Laboratory

Blood test/urine test

For example, "CBC (complete blood count), chemistry at 7 AM"



After her explanations, we actually made an admission form for a case. Also, we could hear about her practice in Songkla university. I hope to become a smart and cool doctor like her.

February 21st 1st class

Kazunori Bessho

Dr. Maliwan Oofuvong

Today we learned about cardiopulmonary resuscitation(CPR).

Dr. Maliwan taught us three important factors of CPR: Basic Life Support (BLS), Advanced Cardiovascular Life Support (ACLS), and post-resuscitation care.

First of all, Dr. Maliwan taught us about Basic Life Support (BLS). BLS was today's main topic. The key point of Basic Life Support (BLS) is "first A-B-C-D".

A: Airway (how to check and open a patient's airway safely.)



B: Breathing (there are many ways of resuscitate a patient: mouth to mouth, mouth to nose, mouth to barrier device.)

C: Circulation (the technique of effective chest compression. We studied about proper force, duration, and rate. The key is "Push hard and fast")

D: Defibrillation (She taught us the difference between the monophasic waveform and biphasic waveform defibrillator. And we watched a video and learned to give the maximum current to the patient on the first shock. In this part, we also studied how to use AED.)

Next she taught us about Advanced Cardiovascular Life Support (ACLS), and post-resuscitation care. However we have not studied ACLS and post-resuscitation care yet, so she just introduced to us the basic concepts and showed us some slides. We learned more advanced assessments and treatments which we'll study in 5th grade.

In conclusion, the most important thing we learned today was the great importance of early effective CPR. To prevent cerebral ischemia, we have to do CPR as soon as possible. Because the chances of success are reduced 7% to 10% each minute, we have to practice CPR very hard to master it correctly and do it with confidence.

February 21st 2nd class

Teacher: Sunton Wongsiri (Songkla professor Orthopedics)

In this class we learned about fracture and dislocation of wrist joint. Dr. Wongsiri showed us many CT images, and explained these images. We learned that treatment depends on the type of fracture. For example, the treatment of nondisplaced or minimally displaced fracture is nonoperative. On the other hand, the treatment of high-energy injury is operative.

Dr. Wongsiri also taught us about the importance of correct pronunciation of medical terms. So in this class, we practiced saying many medical terms.

Without the correct pronunciation of medical terms, we might be misunderstood. Dr. Wongsiri told us that the pronunciation of medical terms is a very important part of knowledge.

Ayako Matsushima



February 23rd 1st class

Presenter: Lawrence H. Gold Vice President of UC Irvine Health Affairs

Larry Gold, Vice President of UCI Health Affairs presented on UC Irvine in general, their new hospital, the medical educational system in UCI school of medicine and what international medical student can experience at UCI.

I point out some of the areas which he emphasized.

1. Location

UC Irvine's location is in the heart of Orange County, California. UCI Medical Center which maintains the UC Irvine Health Sciences system is located in the city of Orange.

2. UCI medical center's strengths

UCI medical center is strong in Urology, High-risk obstetrics& Neonatal care, Cancer, Senior health, Digestive diseases and Neuroscience& stem cell research

3. What's coming

The new university hospital will open in 2009.

4. Student's diversity in the school of medicine

Students come from all over the world. Moreover the number of international medical students rotating inside UCI's

Naoya Mochizuki



school of medicine is increasing year by year.

5. International medical students' rotations abroad

UCI's school of medicine also has international rotation abroad program. Students can choose several medical schools to experience rotation in more than 100 medical schools all over the world.

6. Medical education American characteristics

Their medical educational system is very assessment oriented. The quality is always well controlled. Moreover they have many national board examinations to control their quality of education.

7. Challenges we face when we rotate in the UCI's school of medicine

Challenges include funding, housing, language, limitations of hands-on students care, integration of curriculum, legal restrictions (malpractice, HIPPA) and physician licensing.

February 23rd 2nd class

This class was very useful for understanding the question which I had through the EMP classes.

And moreover, I could know response(AIZUTI in Japan) in English.

Native speakers can told us not only vocabulary but also how to use English in daily life , and I appreciate that I could have the opportunity for talking with them.

Keita Yamada



February 23rd 3rd class

<Lecturer>

Mr. Kato , Japanese Red Cross

<Subject>

ERU (Emergency Response Unit)

<Object>

First of all, Mr. Kato told us about the milestones of the International Red Cross in Japanese. Then, he explained to us about "ERU"(Emergency Response Units) in English. In the last 20 minutes, we were divided into two groups and discussed where should we carry outBHC (Basic Health Care) under the ERU banner.

<Comment>

I had not known well about the activities of the Red Cross and ERU, so it the ERU system seemed a little complicated. Also, unfortunately, I was rather passive in response to Mr. Kato's questions. I should have responded and spoken to him more actively. I think a passive attitude ruins us. If I have no idea, I should simply say "I have no idea" or "I can't guess." But the most important thing is to join in the discussion regardless.

Reiko Ishii

February 23rd 4th class

Today, Mr. Kato came and he gave us 2 classes.

In the second lecture, he explained what a refugee camp is. Refugee camp is for saving refugees' lives, so setting up the refugee camp has to be effective. He taught us that we have to think of a lot of things to make camps successful, such as size and location, the number of water stands, latrines and food supply. I didn't know that supplied foods are also chosen based upon nationality and local diets. And he also said that refugees have to be controlled in effective ways to survive so they are divided into sectors and blocks and communities.

After his explanation, we made two groups and we discussed how to make a model refugee camp. We had limited supplies and we had to distribute these

Chika Shinoda



supplies to refugees equally. He gave us a calculator and we divided supplies and placed the stickers on which the item's name was written on the map. It was not an easy activity because we had to think of locations in terms of both security and convenience.

February 24th 3rd class

Fumiaki Ikawa

Subject: Three DVDs about ICRC (International of Committee of the Red Cross) activity, SIrUS (Superfluous Injury or Unnecessary Suffering) and wound injury treatment.

Object: to understand subject

Contents:

1 ICRC activities includes ①helping refugees receive food and basic sanitation ②helping families of refugees get information about where they are. ③securing the safety of interned people ④ restricting the use of weapon (= prohibiting the use of some kinds of weapons.) etc.

2 SIrUS says we should prohibit the use of weapons that cause the injuries shown below.

I Specific disease, an abnormal physiology or psychological state, or permanent disability

II Field mortality of more than 25% or hospital mortality of more than 5%

III Grade 3 wounds measured by the Red Cross wound classification

IV Effects for which there is no widely recognized and proven treatment.

Therefore the weapons below should be prohibited

Dum-Dum Bullets

Exploding bullets

Anti personnel mines

Napalm

Biological weapons

Chemical weapons

etc.

Unfortunately, these suggestions are not accepted by some countries, including America and Russia.



3 Regarding war wound treatment, there are 3 principles.

I : Clear dirty agents and necrosis tissues off wounds.

II : Leave wounds open

III : Delayed primary closure

In short, when you see a patient with a war wound, you should clear dirty agents and necrosis tissues off wounds as soon as possible. Next, you should leave the wounds open, with wounds wrapped by bandage or something similar, until the suppuration of wounds subside. Finally, you can suture the wound.



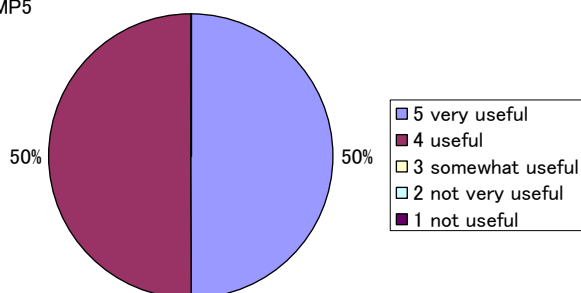
4 EMP session questionnaire result 5th year and 4th year medical students (Dr. Anusak Saengsom & Miss Tharntip Sangsuwan / Songkla resident)

Student Questionnaire result

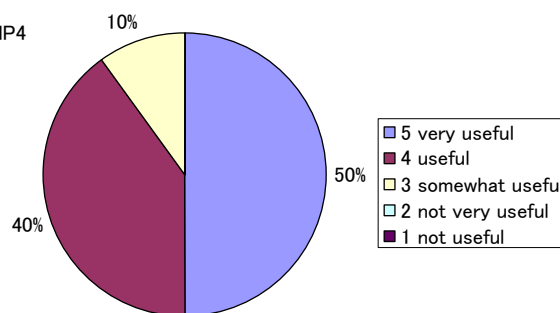
1. How useful was this session for you? Please evaluate it on a 5-point scale.

	EMP5	EMP4	Total
5 very useful	3	5	8
4 useful	3	4	7
3 somewhat useful	0	1	1
2 not very useful	0	0	0
1 not useful	0	0	0

EMP5



EMP4



2. Please feel free to write about what was most useful in this session.

- The most helpful point of this session was to learn that it was important to ask patients "Why did you come here today?" when the patients had had the same symptom before. I knew it was important to know the background of patients, but I was never considered that question, so it was helpful.
- Until now, I had never done a case study in English, so it was my first time. I re-experienced the feeling of "learning Medicine using English" while combining my previous knowledge with Medical English.
- I was provided with many opportunities to speak, and although I was nervous to speak English, it ended up teaching me a lot.
- I was motivated by learning how to do PBL in English. It was refreshing to experience thinking about the case in English for the first time. I learned how to do a case study.
- I realized the necessity of further studying Medical English and Medicine.
- I do not think this session went well because it was the first day of the sessions, the students were not used to English and the teachers were teaching for the first time.
I could understand only 30% of the session because of the teachers' Thai accent. The teachers seemed to be confused and the students' lack of preparation and study became apparent, so the session was hard. I think it was helpful in the sense that it was shock therapy, so I think it is good to have a session like this at least once.
- Because the lecture was done by first year residents, the important parts were easy to understand.
- I was inspired by the teachers. They had a wealth of Medical knowledge and English expressions, even though they were almost the same age as me. It was hard to understand the teachers' English because I unfamiliar with their Thai English accent, but it was a simple topic so I could speak easily.
- It was very helpful for students to get many chances to speak English by dividing into 2 groups. In the session of the case study, the topic was one we had already learned, so we could have a smooth conversation. In addition, in the first session, an assignment was given that we presented in the next session. I think it was a helpful to get an opportunity to present the assignment in English.

- We looked into the things we could not know in the first session and then we presented it in the next class. That was a good point of this session. Also, we shared our knowledge throughout the presentation to the class and it made our understanding deeper.
- I learned how to make the differential diagnosis work in the class and I also got a chance to review physiology.
- It was a session by a first-year doctor who was near our age, had been to Miyazaki before through the exchange program, and who inspired me because she had a good command of English and clinical knowledge. In addition, the fourth-year medical students participated this session, so I spoke in many people and it tested my courage.
- It was good to think about this session with students of varying years. The session had a case study, so I got a chance to think about the actual disease by myself. That was also a good point of this session.
- To think and understand some cases of diseases in English. To join in this class with 5 years students so I have high motivations.
- The class was hard for me because of a lack of English comprehension and my English speaking skill. The teacher seemed to be confused. It was a good opportunity to know our present English ability.
- Throughout the case study, I fully realized I could speculate many cases and carry actual diagnosis through medical history and simple tests.

3. Please feel free to write what kind of things should be done to improve this session.

- We would have had more opportunity to speak more if we had a DVD to watch before the session.
- The second day's session started with the presentation of the assignment, but only one group gave a presentation and the other group could not.
- I wish I could have presented because I worked on it so hard.
- I prefer to have that type of class divided into 2 groups and share the information about the presentation, because it would be better to have a chance to talk many people in English during that time.
- It was difficult to understand the contents beforehand, so I think if there had been an introduction, it might have gone smoother.
- If possible, please give us preparation time.
- I wanted to focus on just the case study.
- It might have been better to divide into smaller groups because each person would have a chance to speak more.
- It was a very fruitful session, but if I have to choose one thing, not everyone could present in front of the class. Also to gain experience giving speeches in English in front of many people, if all the member of the class could speak in front of the class, the sessions would be more helpful and fruitful.
- We did a Medical Interview with the class, but it might have been a better practice with a couple or a few people.
- We used an oversea drama for class one time, but the other 2 sessions, their case studies and discussions did more to improve my understanding.
- I wish we could have done group work with small numbers.
- I did not understand why the teachers used the medical drama "Gray's Anatomy" in the lecture.
- If I have more home works to do in advance, I could make better use of this lesson.
- We did not speak much in class because we were concentrating on understanding English, so if the class was a little easier it would have helped me a lot. In addition, we did not study terminology enough, so if we could have known more detailed contents of the class beforehand and if we had studied English vocabulary that would be used in class, I think it would have been easier to understand.
- It was my fault, but I could not understand the lecture because the teacher spoke quickly in a Thai accent.

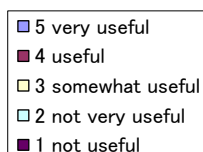
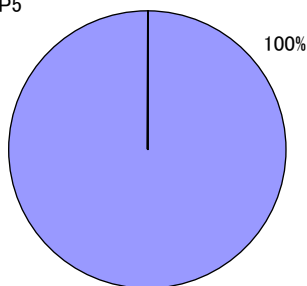
(Maliwan Oofuvong <Anesthesiology> / Songkla, Professor)

Student Questionnaire result

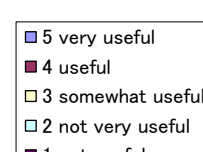
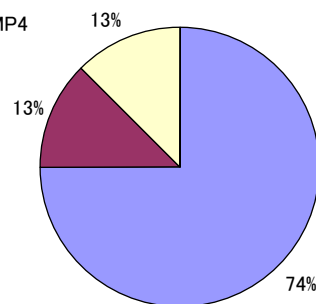
1. How useful was this session for you? Please evaluate it on a 5-point scale.

	EMP5	EMP4	Total
5 very useful	6	6	12
4 useful	0	1	1
3 somewhat useful	0	1	1
2 not very useful	0	0	0
1 not useful	0	0	0

EMP5



EMP4



2. Please feel free to write about what was most useful in this session.

- The video was easy to understand. I could deepen my knowledge about emergency resuscitation. I strongly feel that I need to learn medical words, such as atrial fibrillation, ventricular tachycardia, and so on as I couldn't come up with those words.
- It was a good listening practice for me as she spoke faster than other teachers although it was slower than in the movies. I heard that it was going to be about CRP, so I reviewed the CRP I learned at school. However, I hadn't reached a level in which I could respond to Ms. Maliwan's questions quickly. In addition, I deeply regret that I didn't study more as I had nothing to say even if I wanted to speak up. Studying vocabulary and grammar are important, but I strongly felt that I can't use them without knowledge.
- I took lectures on BLS and ACLS and I had practiced with mannequins, but this lecture was easy to understand and it was the best session ever. Ms. Maliwan showed us a video, and I could easily imagine what the real situation is like. She taught us what we have to do clearly, and in order. In particular, the part in which she taught us how to use a cardiac defibrillator and the medicines we should use was very practical and I understood very well.
- I learned more deeply about first aid.
- I acquired new words and general content as Ms. Maliwan reviewed them again and again in the lecture.
- I was glad to learn more about CRP. The English Ms. Maliwan used was easy to understand.
- I understood the lecture well as Ms. Maliwan focused onto the content on basic life support for fourth year students who haven't done any practical training at the hospital. In particular, it was beneficial for me that I clearly understood the skills of the life saving process thanks to the video Ms. Maliwan showed us.
- It was good to relearn the basics of first aid in English. I had just learned about it on the second semester test, so I could follow easily. The only thing I regret was that I showed her a passive attitude and made her worry because I wasn't prepared enough.
- I could deepen my understanding about BLS and ACLS. The part where we watched the actual scene in the video was easy to understand.
- Although Ms. Maliwan talked a lot faster than other teachers and never paused, it was easy to listen to her and

became good practice for listening.

- The content was very interesting. I enjoyed the lecture.
- I found this lecture beneficial as I could review BLS and understand the basic concept of ACLS
- Although the lecture was fast-paced, it was easy to understand and I learned a lot from the lecture as Ms. Maliwan did it in Power Point style and showed us a simulation video. Taking a 90-minute lecture in English was a good training for me. I was glad to meet such a wonderful doctor as Ms. Maliwan.
- I could confirm my knowledge through this lecture. I also realized that I need to study more.
- It became a good review of first aid. I managed to follow the lecture as Ms. Maliwan kindly asked us simple questions so that we could speak up.
- The lecture was easy to understand. I learned a lot from the lecture, including how Ms. Maliwan runs the lecture using Power Point.

3. Please feel free to write what kind of things should be done to improve this session.

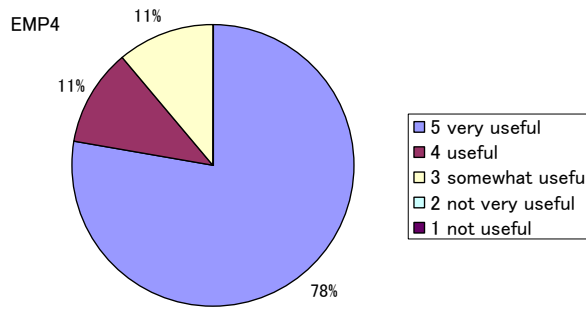
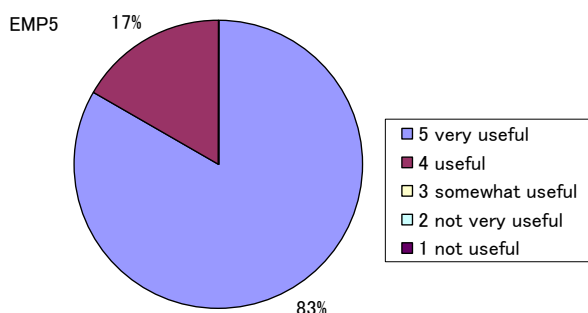
- It was hard to ask questions as I didn't have much chance to speak up. I sometimes couldn't follow the lecture because it was too fast.
- I wanted to have the Power Point documents before the lecture.
- It would be better if Ms. Maliwan had asked us more questions.
- I would appreciate if we had more time to prepare.
- Nothing in particular. If I dare say, it was regrettable that we had only one session. I wanted to learn from Dr. Oofuvong about anesthesiology.
- I struggled with Medical English. I should have studied more. I had a chance to speak with Ms. Maliwan when we went sight seeing in the afternoon. She told me that everyone was shy in the class but they talked more about daily things. For instance, we can't translate words like ventricular fibrillation. I don't want to make excuses, but I wish I had more time to pre-study. Of course, EMP's standards are set so that we don't have to worry about examinations for promotion. However, we had to study CBT, and all the fourth year students had only one day after regular examinations to prepare. You can imagine how tough it was to even go through the documents. I know that it is on individual's responsibility to be prepared, but I think it is essential to be prepared and pre-study for the sessions not only for yourself but for the lecturers from other places. I'd like to suggest that more time should be given for fourth year students to be prepared for the sessions next year.

(Sunton Wongsiri <Orthopaedics> / Songkla, Professor)

Student Questionnaire result

1. How useful was this session for you? Please evaluate it on a 5-point scale.

	EMP5	EMP4	Total
5 very useful	5	7	12
4 useful	1	1	2
3 somewhat useful	0	1	1
2 not very useful	0	0	0
1 not useful	0	0	0



2. Please feel free to write about what was most useful in this session.

- Since I have no chance to meet patients with bone fracture, it was useful for me to learn about fracture types and treatment procedures. In particular, many pictures and X-rays really helped me to understand. I was really interested in Mr. Wongsiri's method of studying English he told us at the session.
- Mr. Wongsiri taught expressions related to various kind of fracture types and we practiced the pronunciation together; that impressed me the most. I won't forget the words practiced in this session.
- It was useful for me to know how to train in English pronunciation. I feel confident that I came to know that there was no difference in orthopedic procedures here and abroad.
- Mr. Wongsiri placed an importance on pronunciation in a loud voice, so he let us pronunciation vocabulary clearly over and over again because we are apt to give up pronouncing a word precisely when we have difficulty with a word's pronunciation.
- Mr. Wongsiri taught us both about fractures and how to study English.
- I enjoyed this session because Mr. Wongsiri has a great sense of humor. I think his English was also great so that I could easily understand what he said. The topic of this session, fractures, was also useful and I can review what I had recently learnt in class.
- The style of this session really impressed me. We picked up some hand fracture words that are frequently used and practiced them over and over again with a loud voice. Dr. Sunton taught us the method we had just practiced was very useful because we can do it at any time. I was also interested in his teaching style of praising students to motivate them.
- I enjoyed this session thanks to Dr. Sunton's good class management. But it is hard not to notice my poor medical knowledge and English ability. I think medical students in Thai or America take part in clinical practice, so that they could learn specialized knowledge and skills, including technical English from practice. That makes it possible for them to discuss medical terms in English even if it is not their mother language. Since I think that this is a big difference between Thai students and us, Dr. Sunton must have been shocked by our passiveness.
- I really feel that we have to study harder because our level is far from world standard even if the education system varies from country to country. Not only myself, but my junior fellows should pay attention to overseas education if we want to join medical teams there. Of course I think I can close the gap several years after

getting my medical license.

- I was happy to learn about Medical terms for orthopedics. It was easy to understand since Mr. Wongsiri spoke English slowly.
- I know I still have a lot to learn about orthopedics, so it was a very useful session for me. The tempo of this session was also appropriate, so I enjoyed it very much.
- We learned basic resetting procedures for finger fractures or dislocations. We also learned about important methods for studying English.
- I have learnt a lot of things from this session. It was easy to understand due to his using slides with high-lightened essential points.
- It was beneficial for me to participate so that I was able to learn treatment procedures for fractures and sprains.
- Mr. Wongsiri is very friendly and he gave us advice to improve our spoken English by disclosing his experience. I think it was good that we knew about the contents of this session in advance.
- I could understand easily and ask questions without hesitation. I have just learnt about the topic so it was a good time to review. I was really interested in introduction about Thailand.
- It was an English lesson but I could also enjoy studying orthopedics. I think Mr. Wongsiri knew our English level so he tried to find a good way to improve our English. I was also interested in his amusing story of Thailand.
- It was interesting to learn about hand fractures. Mr. Wongsiri taught us the difference between stable and unstable cases and their treatment procedures.

3. Please feel free to write what kind of things should be done to improve this session.

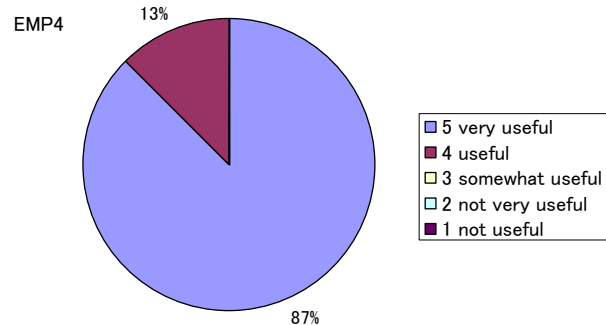
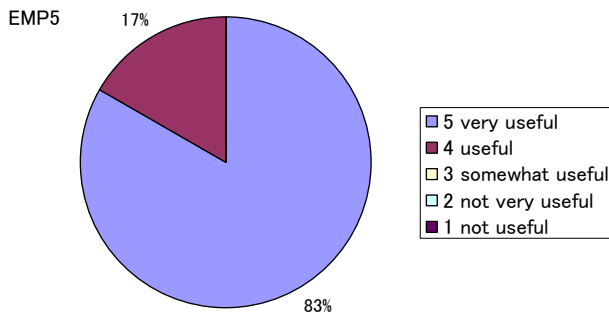
- Sometimes I felt the pronunciation of Mr. Wongsiri's English was not standard.
- It is better to show us the spelling of words on screen because I had difficulty pronouncing words I don't know their spelling.
- I wanted to be asked more questions.
- Nothing in particular. Although we got some handouts before the session, we just read the paper because there was no pre-assignment. If we had some pre-assignments, this session would have become more effective.
- Mr. Sunton didn't look worried about our English because he knew our level. But other invited residents seemed disappointed to us. I don't want them to worry that their class management was bad. It was just our problem. I think it is necessary to notify them about students' English level beforehand.
- I think the problem of this session is based on our lack of knowledge and effort. I have to study harder.
- There was nothing in particular. Suffice it to say that there was only one session in one time period.
- I was satisfied and hardly noticed any problems in particular.

(Suvina Ratanachaiyavong < Biomedical Sciences> / Songkla, professor)

Student Questionnaire result

1. How useful was this session for you? Please evaluate it with 5-point scale.

	EMP5	EMP4	Total
5 very useful	5	7	12
4 useful	1	1	2
3 somewhat useful	0	0	0
2 not very useful	0	0	0
1 not useful	0	0	0



2. Please feel free to write what is the most useful in this session.

- Learning how to lead the patients with metabolic syndrome was the most helpful part.
 - The teacher was funny and I had a good time in class. The teacher cared about our level of understanding and talked at our level, so I could follow the class even though my English is poor.
 - I was thinking in this class and I learned to participate in the class actively.
 - It was easy to hear because the teacher spoke English at the right speed and clearly. Also, it was easy to understand because the teacher chose simple words if we did not understand. The teacher accepted mistakes in my statements including grammatical mistakes, so I was comfortable speaking in class.
 - I learned the method for emergency medical care. The teacher spoke clear English but spoke fluently faster English. It helped to improve my listening skills. I learned various expressions and it was very fruitful.
 - I now understand how important exercise and eating habit is.
 - The teacher talked about diabetes (which was a main topic) in simple terms. It was very good that I enjoyed learning the importance of eating habits and exercise by the use of ordinary examples like what we should and should not eat and how to exercise in our daily life. In addition, I was impressed by her clear opinion that doctors should lead patients by their own example. In that way, they should live a healthy life to show the patients how important eating habits and exercise are. In fact, we (especially female students) were surprised when we heard her age because she did not look that old. That is why her opinion was so persuasive and I fully realized that to keep my health condition at its best is very important to make the patients' life better.
 - I got a resume for preparation beforehand, so I understood well.
 - It was a good opportunity to learn the transition and improve the process of diagnostic criteria for metabolic syndrome. Especially in this session, we learned and saw the process of making a new diagnostic criteria that doctors all over the world had made, instead of being taught the knowledge from a textbook. That is why I was able to access an aspect of the clinical side.
 - The paper we were handed before the session was very helpful.
 - The main thing that I learned was the importance of the management of metabolic syndrome/T2DM.
- The session in English was easy to understand because the topic was about metabolic syndrome and it was

very hip. The teacher explained its condition, prevention and treatment by using some specific examples, so I understood it easily in depth. Also, the teacher taught the class smoothly by asking students some simple questions from time to time. I enjoyed learning in this session. Taking that kind of class is the best part of EMP, so I appreciate that I got such a great opportunity.

- The teacher explained very well and she made us comfortable to speak.
- I understood about metabolic syndrome and diabetes in depth. It was a good opportunity to review them.
- The teacher taught us very carefully and in simple way so not only medical students but also the general person could understand. Also, the teacher was very lively and wonderful so I was satisfied with her lecture. In addition, her English pronunciation was very clear and I want to take after her. The topic of this session was about metabolic syndrome and she talked about the instruction of life-style related disease. Regrettably, I did not have time to read the resume the teacher gave out, so it was difficult to follow the class. Nevertheless, it was helpful. Also, it was interesting to see Thailand's food culture in the session. It was very memorable that the teacher emphasized that changing one's life style rather than taking medicine was important for the treatment of metabolic syndrome.

3. Please feel free to write what kind of things should be done to improve this session.

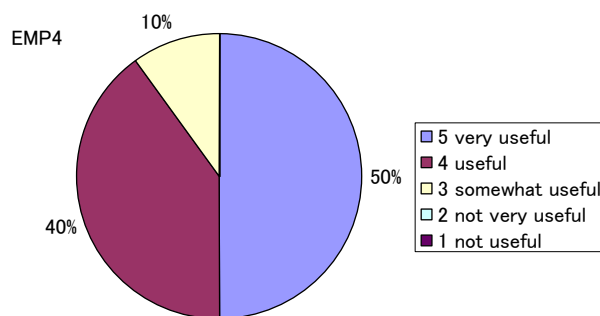
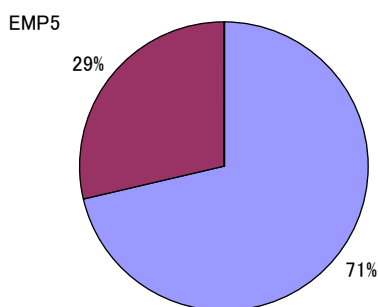
- The teacher talked about many interesting things, but because of that, I feel that we did not have enough time to speak.
- There were questions which were hard to understand the meaning of, so it would have been better if there was some sort of explanation of it.
- It would have been better if the teacher asked more questions to the students.
- The fourth-year students did not discuss well in this EMP. One of the reasons was that the preparation time was too short. I think there is a problem that the EMP session starts the day after CBT. I understand that because of the situation, it must be in this term, but I think the implementation term of EMP should be changed. Otherwise, I think we will not have enough time to prepare for the session, and I was disappointed with my proficiency so it would be difficult to write accurate feedback. I worry about having that situation happen again and again. Even though our goal is focusing on English on a routine basis, it would be better to give us more time to prepare for the session beforehand.
- Nothing in particular. When it comes down to it, we had only one session. I wanted to hear more about her research.
- There was a lot of content in the class, so two periods might have been better than one period.
- It was good that the session was about lifestyle-related disease, which is familiar, but honestly, I had a hard time following the teachers fast English. I keep reflecting on my poor English knowledge. Please give me more time to prepare for the class beforehand.

(Guest / White)

Student Questionnaire result

1. How useful was this session for you? Please evaluate it on a 5-point scale.

	EMP5	EMP4	Total
5 very useful	5	5	10
4 useful	2	4	6
3 somewhat useful	0	1	1
2 not very useful	0	0	0
1 not useful	0	0	0



2. Please feel free to write about what was most useful in this session.

- Explanation about words that I couldn't understand in the EMP lectures we took was helpful.
- It was practical and directly connected to our futures.
- I was able to ask questions about small points of English. I learned how I should phrase certain questions.
- I could clear up questions that arose during the EMP sessions.
- In this session I felt that I acquired words that I couldn't pick up in other sessions. I learned about slight differences between words and how to use them.
- I was lucky to learn academic writing as a part of this course because some people might have to pay money to take this kind of session. It was beneficial for me to check our writing in pairs because I could learn from others. I felt nervous with all the guest lecturers from outside and with the doctors from Prince of Songkla, but I felt relaxed in this session because Mr. Guest's and Mr. White's classes are familiar to me.
- I learned the meaning of the words that I didn't understand.
- I appreciated this session because I could brush up on some words whose basic meanings I understand but whose nuances I could not differentiate.
- I used the opportunity to use words and phrases which I didn't understand from the dictionary because the lecturer expressed them and explained them in simple terms. I think it is important for us to have these lectures because there are things we can never acquire if we don't have the chance to use them.
- It was good to check how to use the words we learned during the EMP sessions. I also learned some words that I couldn't pick up in the previous sessions by hearing other students' questions.
- I was glad to have this session. Mr. White explained words which were hard to understand, cleared up questions that arose in other sessions, and showed us how to use those words in our daily lives. I also saw the benefit of "face to face" sessions in that I learned the subtle nuances of words that we can't get in dictionaries.
- I found the points about academic writing the most useful.
- I learned that there's a difference between words and phrases as they are used in regular writing and academic writing. I also learned that some of words have the same basic meaning, but very different nuances in usage.
- I'm satisfied that I wrote a composition and had it corrected again and again. I also learned the difference

between essay writing and academic writing.

- It was very useful to learn structures used in academic writing. I learned a lot by thinking about how to express my ideas by writing in my own words.
- I'm not good at writing, so this session was a good opportunity.
- This EMP session cleared up many questions for me.

3. Please feel free to write what kind of things should be done to improve this session.

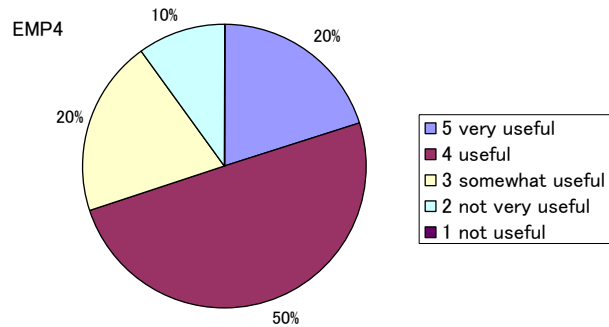
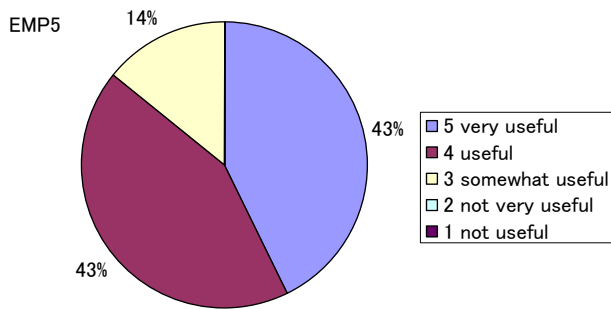
- I think everybody can check the meaning of the vocabulary with dictionaries, so it would be better if the content of the session were changed or have the session off as the schedule was pretty tight.
- I wanted to write long sentences.
- It would be better if the lecturer asked students questions, such as "What did this expression mean in this session?"
- It is a shame that because of time limitations, we only did an introduction to the academic writing.
- We should have asked more questions.
- I think all the participants of EMP should have prepared the words they'd have liked to ask about. Those who didn't prepare had little to gain. At the end of the session, there was some time in which we couldn't come up with any questions, so there was nothing to do. I felt that this time shouldn't be left like that.
- We didn't have enough classes.
- The number of classes was very small.
- I wish there had been more classes.
- We had this lesson for only half an hour, so I wish there had been more time.

(Yasutaka Kato <Japan Red Cross>)

Student Questionnaire result

1. How useful was this session for you? Please evaluate it on a 5-point scale.

	EMP5	EMP4	Total
5 very useful	3	2	5
4 useful	3	5	8
3 somewhat useful	1	2	3
2 not very useful	0	1	1
1 not useful	0	0	0



2. Please feel free to write about what was most useful in this session.

- I was able to learn a little about Red Cross activities in this session.
- It was a good opportunity to learn about Red Cross activities that are not widely known. It was quite valuable to find out about refugee camps.
- It was very useful to watch the war injury treatment DVD.
- I was shocked when I saw the video in this session. It made me interested about what is actually going on in the world.
- I felt it was very useful to see the video of war surgery. Not only for the English, but also for the surgical method instruction. This is rarely found in Japan. The video also informed us about the real crisis of refugees in troubled regions, and about antipersonnel land mines. It gave me a new perspective on things.
- I found out about refugee camps and surgical procedures for war injuries that I didn't know about before. It was real, very different from what we learn in textbooks (about, for example, surgical debridement and the timing of closing a wound).
- The video of the operation was interesting. It was impressive because there's not much chance to see this in Japan.
- I previously had only a little knowledge about Red Cross activities, so this was good opportunity to feel the real atmosphere on the battlefield. This reality is very different from my own life.
- It was the most amazing video that I've ever seen. It was very useful to me.
- I thought the video footage of the operation was horrific. It was the ultimate in emergency care, on the battlefield with limited material and manpower.
- We learned about Red Cross activities. We live in a peaceful country but in fact there are people who can't live in their own country. This session reminded me of world's realities.
- It was very useful to learn about the ICRC activities.
- It was a great opportunity to see this video. I learned about the field of war injuries.
- It was interesting to learn about the constitution of the Red Cross and get brief overview of its disaster-relief activities and its work saving refugees. I was also interesting to learn about surgery for war injuries.

- The operation scene was interesting. This video shows doctors treating war injuries and would be interesting to anyone who is interested in this topic.
- It was good to learn about the R. C. because I didn't know much about it before.
- I learned that I have only a superficial understanding of war.

3. Please feel free to write what kind of things should be done to improve this session.

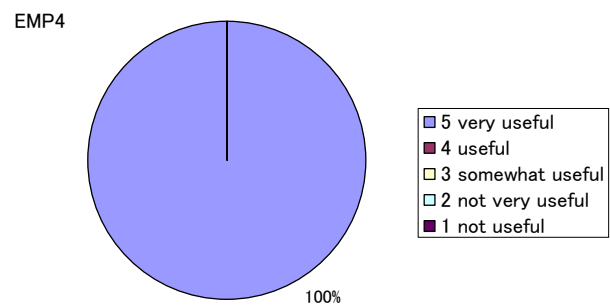
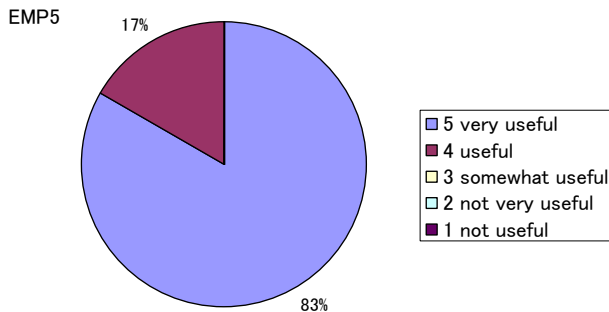
- I wanted the lecturer use more English in this session.
- I wanted to know about related information, such as how to join Red Cross activities, how many Japanese doctors worked there, etc.
- It was difficult for me to understand technical words that I haven't heard often.
- If we had more time to talk with the lecturer, this session would have been better.
- Nothing needs to be improved, but I felt the lecturer seemed to have difficulty speaking English.
- We needed more time to finish group work.
- I thought we needed more time for group discussion.
- Technical words were too difficult to understand.
- Reduce the lecture time and increase the number of sessions.
- Most of the time we spoke in Japanese. I wanted more chances to speak English.
- It was difficult for me to understand the content of this workshop.
- Since there were many new words, we needed more instruction, not only English, but also in Japanese.
- Need more time for discussion in English.
- If we had more chances to speak in English, we could have come to a deeper understanding.

(Marie Yamashita <Yuai memorial hospital>)

Student Questionnaire result

1. How useful was this session for you? Please evaluate it with 5-point scale.

	EMP5	EMP4	Total
5 very useful	5	8	13
4 useful	1	0	1
3 somewhat useful	0	0	0
2 not very useful	0	0	0
1 not useful	0	0	0



2. Please feel free to write about what was most useful in this session.

- I was impressed by the alumna Ms. Yamashita who gave a lecture in English and I was motivated to be like her in the future. It was also good to hear her experience and training at the Prince of Songkla University in Thailand.
- I learned how to find and decide on a hospital for training and life as a resident. There were foreigner patients in the hospital and it encouraged me to study English harder. I enjoyed hearing Ms. Yamashita's interesting presentation. She spoke English fluently and I was strongly inspired by her. It was very helpful for me to hear how I could help in the future and why she decided to do this line of work because I have been having trouble with career options. I did not know the benefit of clinical training overseas, but she explained the differences between overseas and within Japan. We had small clinical trainings in class, so it was fun and helpful. Also, it helped to increase my motivation. I recognized that we cannot have fruitful sessions without medical knowledge and medical terms.
- It was the most helpful in this session that Ms Yamashita taught us abbreviations which were helpful to her in her experience.
- It was good to hear about medical-internships during the session.
- I was excited about the lecture by Ms. Yamashita in English. I was inspired that a close superior was speaking English fluently. Also, the topic of the lecture was good because I had never heard it before.
- In addition to the class contents, I was inspired by an alumna of EMP who gave a great presentation. She was an alumna of EMP, so we could ask a lot of questions we wanted to know like her personal experience at the Prince of Songkla University and how to find a hospital for training.
- It was very helpful to learn how to fill out an admission form in English (which we had not learned yet). Also, it was good to hear about her life as a resident and her experience at a university hospital and city hospital. I was really happy to have an alumna of EMP in class as a teacher and I would love to come back and give a speech in an EMP session once I start working.
- It was interesting to learn the pun and think about the admission procedure in English. Also, it was good to hear her experience in Thailand.

- It was good to hear about the teacher's experience at the Prince of Songkla University in the class. Also the lecture was very interesting and went smoothly, so time went by quickly. I was encouraged by her.
- I learned part of the work of a resident. I heard her experience studying abroad at PSU. I learned the process of diagnosis (like the way in which to differentiate, diagnose, and distinguish).
- I was impressed by Ms. Yamashita. She is only two years older than me, but I am so different from her. It was a good topic and we learned helpful and useful knowledge in a clinical setting. The class had a good tempo and I had a very good time.
- The teacher had taken EMP before, so I was happy to hear her various personal experiences. I also heard about the medical training and matching. In addition, she carefully explained the things which we did not get, so I understood the class well.
- As may be expected of a superior of ours, she knew our level. She taught us how to fill out an admission form which was new to us, called ADC-VAN-DIMEL, with the simple words we knew. Also she is friendly and made us comfortable being in class, so I was relaxed. She was a future model of us and she talked about, not only English, but also matching and life in a hospital. I hope she will come back and give a lecture next year too.
- It was good to know the pun which American doctors often use. In addition, it was very helpful that we learned how to fill out an admission form.

3. Please feel free to write what kind of things should be done to improve this session.

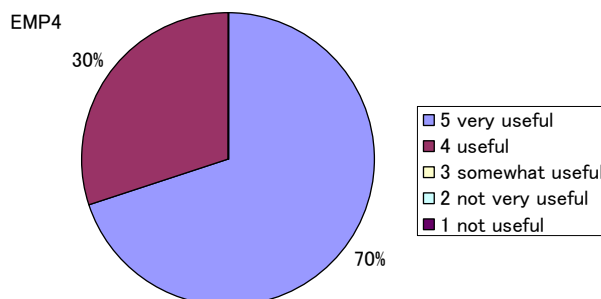
- I would like to hear more talk by alumni and alumna.
- I solved a practice question which was to apply ADC—VANDIMEL. It would have been better if we had a chance to solve a couple more questions in order to get used to it.
- It was unlucky that we could not watch the movie that the teacher had prepared for the session.
- I wish I could have talked with the teacher more.
- The teacher taught in a lecture style, and that was the best way, because I think there were too many students in the EMP session for one teacher.
- It was great, so there is almost nothing to make it better. When it comes down to it, though, it would have been perfect if we could have also learned the puns which are helpful in medical practice and in daily life in Japan in addition to learning the pun related to filling out an admission form in America.
- The teacher was an alumna of our University, so she knew what she should do to make the session more effective after all. I really enjoyed it. There is nothing particular to mention for improvement.
- I wish I could have watched the movie that we were not able to watch because of the PC accident.
- Nothing special, but I wish the session would have been longer.
- I wish I could have watched the movie that we were not able to watch because of the PC accident.
- Nothing special. I hope she will come back and give a lecture next year too.

(Nobuko Kawabata <Simonton Japan>)

Student Questionnaire result

1. How useful was this session for you? Please evaluate it on a 5-point scale.

	EMP4
5 very useful	7
4 useful	3
3 somewhat useful	0
2 not very useful	0
1 not useful	0



2. Please feel free to write about what was most useful in this session.

- I've been interested in mental care for patients. Through this lecture, I learned how effective mental care could be to the body based upon scientific evidence. I felt that my perspective has become wider through learning about Simonton Therapy and I hope to apply what I learned to myself and patients in future. It was a good opportunity to speak and listen to English as we had a discussion in the latter half.
- Ms. Kawabata's pronunciation is good and I have learned a lot from her. The topic she dealt was not about medicine but about oneself, so it was a good practice for me to express myself using all the words I know. It was a good opportunity for me to face what I've been thinking or how I feel about "what medical treatment is". I understand that there's a budget issue and it is difficult to invite enough therapists for us, but I think it would be good if everybody can take this session in a regular class.
- It was good practice for me to explain about my experience in English. Because Ms. Kawabata is Japanese, I felt more relaxed about talking. Death is something we have to think about in the long run, but this session gave me an opportunity to think about it. I learned that we can talk about death with patients when they face death and help them to think about it. I also learned that the notion of death is not necessarily dark or negative.
- My way of thinking has changed only a little.
- It was meaningful to think about death. Ms. Kawabata's English was easy to understand and I got some hints about how we should face to patients who are in the terminal stage. It was also beneficial for me to learn some English phrases.
- It was beneficial that the members were divided into two groups, so we had more chances to talk. Death is an issue I had not thought about much, but I found this session very useful because I was able to think about it and had a chance to express my ideas and opinions in English in the group.
- In medical school treatment with medicines or operations is the mainstream, but if we come to a deadlock we can use Simonton Therapy. In other words, the time at which we will care for the patients both physically and mentally at the same time will come soon. Now, we need to catch up with the times so that we can show patients alternative ways to solve problems. It was really beneficial for me to learn about this method to support patients mentally, improve immunity, and give them the energy to confront diseases.
- It was beneficial because I was able to listen to others' ideas about death that we don't talk about normally. I heard various ideas and opinions from others.
- I learned how to overcome feelings of frustration.
- It was very stimulating for me to learn new ideas. Before I took the session, I was wondering about how we would be able to face an issue like death, even in a positive way. However, I got drawn into Ms. Kawabata's talk and I realized that I was fascinated by the idea of Simonton Therapy after the session. It is a whole new idea for me and I was very fortunate to be challenged by such an idea.

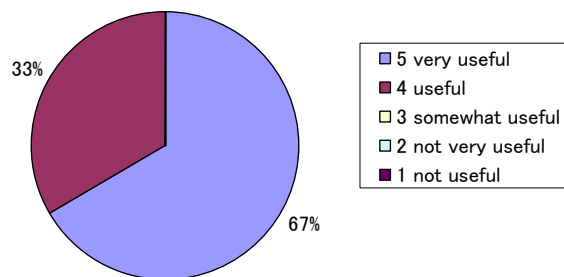
3. Please feel free to write what kind of things should be done to improve this session.

- The time was too short. I wanted to learn some practical points for doing therapy.
- The time that we listened to Ms. Kawabata's talk was a little long so I wished there had been more time in the group sessions.
- We tend to feel sleepy in the afternoon session, so more group work in the small groups will help us concentrate.
- I'd like to express my gratitude to Ms. Kawabata for this useful session. Thank you very much for inviting Ms. Kawabata. I'd like to learn more about Simonton Therapy.
- The talk we had before the group session was long and I felt that it was hard to keep concentrating.
- It is good for us to have more time to talk with each other in English and listen to others' ideas.
- I wanted to listen to the session in Japanese beforehand.

1. Please evaluate this program on a 5-point scale.

	EMP4
5 very useful	12
4 useful	6
3 somewhat useful	0
2 not very useful	0
1 not useful	0

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2. Please write the best part of this session and its reason.

- It was a really valuable experience for me to discuss medical terms with people from overseas because I have few chances to speak English.
- I was happy to talk with the many people who participated in this symposium and in the sightseeing excursion. I think English class is useful but it is actually more motivating to meet fascinating people. I really wanted to talk with these people. I was happy to meet them and they inspired me.
- It was not just an English lesson, I got to meet many great teachers and have a good experience by attending their lectures.
- It was great. This session broadened my horizons. I was able to keep with the sessions by the teachers from Thailand because they adjusted their speaking to our ability. The lecturer who explained the Simonton remedy also impressed me very much. Watching the Red Cross videos was great, too.
- The doctors were conversable and gave reasonable stress to us to work in this session. The presentations and discussions were successfully completed. I think there were 2 successful points: One was that this session was participatory; and the other was building a good relationship between lecturers and participants. We met the lecturers from Thailand before this session, and many of them are the same age as us, so we felt us relaxed.
- The session by Mr. White and Mr. Guest was very practical and I enjoyed it very much. I was also happy to talk with teachers and doctors from Songkla.
- I had a good time communicating with the teachers from Thailand. I have come to know that they have a higher level of English education in Thailand by listening their English.
- I had a good time soaking in an English environment for a week. I learned many expressions and vocabulary items. Study with 5th-graders was also good to me.
- The quality of the Thai lecturers was high.
- There were many opportunities to talk with teachers. There were many opportunities to speak English. Stories about studying abroad were also interesting to me.
- There was a well-balanced variety in this session. I enjoyed this program, including the symposium, very much. Ms. Kawabata's English was very clear so I was able to understand her easily. She taught us how to take care of patients who are in difficulty. I learned that a balanced treatment of mind and body is important. Since I was so busy studying English, I have had no time to learn things by using English. After participating in the session with Ms. Kawabata, I know that I can do it. One more thing that I think it was good is that I put myself in an English world. Thanks to this experience, I can think in English. I think code switching is probably impossible to do by myself, so I was really happy to participate in this program. Thank you.
- It was great that I had a chance to use English during this program. Various kinds of topics motivated me every time. It improved my English very much.

- It was good to have the chance to learn from the doctors from Songkla. It was an opportunity to establish a connection with them before visiting Songkla University. I was also happy to learn about Thai culture and the importance of good English pronunciation.
- We studied English through various topics and developed our ability to work in a groups.
- Since I'm going to study at PSU this year, it was a good opportunity to study with lecturers from PSU. They were all kind and I felt confident knowing there was someone supporting me.
- It was the original purpose of EMP that we attend all-English sessions with talented teachers from outside, like the doctors from PSU. The English-Only environment helped improve my English. Small group sessions gave us many chances to speak English and strengthen our ability to express ourselves.
- The tempo of the sessions and class management were all good, so I really enjoyed this program.

3. If there is something we can do to improve this session, please write it and state your reasoning.

- It would be better if Japanese guest speakers could have spoken English like native English speakers. I'd like to make use of this opportunity to communicate in English as much as possible.
- Nothing particularly. I just felt that I needed to speak up more.
- I'd like to suggest that professors from PSU could have been invited for other times. The reason I suggest this is because I wanted to take more lectures from those professors as they provided us with high quality lectures. In addition, it's a shame that each professor was in charge of only one class per year. If there were more classes, we would have remembered each other's faces. The discussions in the classes would have been livelier, and the contents would have been more fruitful.
- I'd like you to choose lecturers for the EMP courses based on long-term perspective rather than at random. I didn't get the point of some of the sessions in the EMP.
- We didn't have enough time in each session.
- I wish we could have had a minimum period of three days to prepare for the EMP. It was a tough schedule for the fourth year students. We might have given the guest lecturers the wrong impression because of our rude manner although we didn't mean to. I'd like to change my attitude and speak up actively next time.
- There were a lot of participants in each session. I wish the number of people in each session had been smaller.
- I appreciate that I was able to study English all day. However, I didn't have enough time to reflect on what I learned. That's why I believe it would be better if the sessions were limited to around three hours a day. Then I would have had more time to review each day. In the sessions from Japanese lecturers, I sometimes used Japanese. It would be better if the lecturers used English except for the times when we are really in need.
- We fourth year students weren't able to discuss well in each session because we didn't have time to study for the EMP beforehand because we had an exam just before it. I regret that. However, my motivation to study English arose after feeling this bitterness as I found my weak points only after six days of being immersed in English. In a sense, preparation for the course might not be needed as it makes for good shock treatment.
- Some lecturers taught once and some lecturers taught more than once. This might be because of the lecturers' convenience, but it would be better if we had one lecture from each lecturer, unless the schedule was decided based on the contents. I felt that it was hard to manage the schedule.
- I wanted to have more time to learn writing because I felt that I need to learn not only speaking, but writing as well.
- I got exhausted after four sessions in a row as I was under tension. It would be better if we had three sessions a day.

4. What do you think about the implementation term (hours of instruction) of the EMP?

- I do not think six days of sessions was too long. However, it is better to have a half-day class than fulltime class because I can maintain my concentration and I can spend enough time for the session's preparation.

- It was very good training because I spent time thinking about everything in English during the intense EMP session span. To tell the truth, I was not happy about losing some days to my vacation. Even so, I got something from it and I was satisfied with the session.
- I think it was good.
- It was a hard schedule, but I could concentrate on English for a week.
- I think there is no problem with the implementation term. For me, it would be better if the span were a little bit longer.
- I think a little bit shorter is better.
- I think there were too many teachers and each teacher had only one hour. That was too short.
- I think it was right. If possible, I would like one day off in the middle of the EMP.
- I did not have time to prepare for the EMP session because it started right after the exam. It would have been better if the session was held in March, so I could prepare for the session better.
- I think it was appropriate.
- I think it was an appropriate term.
- If I could have several days before the session, I could have completely prepared for it.
- It was the correct hours of instruction. (I think this because if the session was longer, I would have grown tired of it and I would not have been satisfied.)
- I was hard-pressed to complete the session with daily assignments and essays.
- It was appropriate.
- I think it was appropriate.
- One week term of sessions was appropriate.
- It was right.

5. Write your mid-term and long-term goals

- Mid-term goal: I'd like to increase my medical vocabulary because I can't express my ideas in English even though I have medical knowledge.
Long-term goal: I will keep studying English so that I can broaden my points of view. I'd like to study at Prince of Songkla to get valuable experience.
- To be able to make daily conversation. I haven't decided on concrete plans yet, so I'm going to ask my friends for some advice and decide what I'm going to do in March. I'm going to do PBL and try to use medical terms in English smoothly. I'm going to acquire basic medical knowledge through practical training.
- First of all, I'm going to memorize words from "The Language of Medicine". Also, I'm going to try to help foreign students study.
- To be able to communicate in English before I graduate. To memorize medical words by the end of this year. To try to be exposed to English as much as possible every day.
- Short-term goal: To finish e-learning. To get highest score on the TOEFL ITP among my peers. Mid-term goal: To finish reading "The Language of Medicine" and try my best to increase my medical vocabulary.
Long-term goal: To study at UCI.
- To acquire enough English ability to communicate with people from different language backgrounds.
- English: To acquire a score of over 550 on TOEFL. I'm going to study using medical terms as much as possible. I'm going to practice speaking by repeating.
Medical: To Try to study USMLE as much as I can. I'm going to start studying for national exam and try to be ranked in the top 100 in Japan, although rankings shouldn't be the first priority.
- I'd like to make a progress in both general English and medical English this year. I'd like to work as a doctor overseas in future, so I'd like to make this a first step.
- To make time to speak in a small group once or twice every week. To strengthen my listening ability by using an exercise book. To review medical terms by using "The Language Of Medicine".

- Mid-term Goal: In the practical training at UCI, I'm going to try my best so that people will say " We'd like to have more students from the University of Miyazaki. Long-term goal: To be a medical worker with a multilateral international perspective.
- To deepen understanding about commerce and industry. To remember technical terms and to be able to explain about diseases in English. To be able to speak up with confidence about whatever I come up with.
- I have more spare time as I'm going to study abroad, so I'd like to have my English study and practice balanced and reach a level in which I can express my opinions easily. Overseas, you are expected to be able to speak English, so I have to enrich the contents of my medical knowledge. I'd also like to be able to do a number of things like, actual history taking, medical examinations, diagnosis, checkups, medical treatment and so on in English and Japanese. There is a lot to do, but I'll move forward step by step. I cheer myself up by recalling the time when I failed the school entrance examination and was preparing for the next examination, and then seeing how much I progressed every day.
- To be able to talk with native speakers or advanced speakers while making jokes. Ms. Marie mentioned this from her experience and I felt the same, that I'd like to be one who can make foreign patients feel at home when they come to the hospital. My goal is to be able to speak like Mr. Ikenoue and Ms. Kawabata.
- To continue case studies in preparation for going to PSU in May. To review medical technical terms. To learn proper pronunciation by listening. I'm going to continue case studies after I come back to Japan. My long-term goal is to be exposed to more English. I'd like to make more circumstances in which I have a chance to speak English.
- After studying abroad, I'm going to continue in a self-study group and keep up a the certain level of medical English, especially conversation.
- First of all, I'd like to study medical terms which are related to the departments I'll be assigned to as I'm going to Prince of Songkla in April.
- Throughout this course, I felt that I need to acquire English conversational skill. That's why I thought that I would increase my chances to be exposed to English, such as participating in English speaking encounters or just trying to think how to say things in English and switch my mind to English mode. I also felt that I need to increase my vocabulary. So I'm going to review medical English before I go to Thailand. Since I've been chosen to go to Thailand, my goal is to try my best in what I can do now to be able to succeed in Thailand, but I want to think of this as a temporary stage and ultimately I'd like to get to understand English to be able to use it more as a tool.
- I'm going to study in Prince of Songkla in May, so I'm going to study more about medical English.

6. Write the things you'd like to comment freely

- After I took the class with fifth year students, I came to realized what level I have to reach next year and what we need to do to be able to reach that level. I think those who have steady goals progressed a lot compare to last year. They are cool and very stimulating. On the other hand, It is true that when I look at myself I feel left out because I don't have my goals set and haven't set tasks to achieve. For the time being, I'm going to follow those who have high motivation, even though my motivation is still not high enough, until I set my goals.
- Thank you for inviting many guest lecturers. I truly learned a lot. I'm going to work hard to be ready for the next session. I'm looking forward to the next course.
- This course of EMP 2008 Feb was full of substance. I learned a lot from the course and got a lot of stimulation. The number of things I gained from the course was enormous. I'd like to show my sincere appreciation to all.
- Thank you very much for two years. That's all.
- This course which I took with 5th year students on PBL brought home to me how much I need to deepen my knowledge. It was a good chance for both senior year students and junior students, because junior students can learn from senior students and senior can review by teaching junior students when working together in PBL. I felt it would be good to have classes with students from different year in regular classes.

- I feel that EMP is becoming more fulfilling year by year. It happens because of all the teachers' efforts. Thank you very much. I don't think I'm fully making use of this opportunity with EMP, but I'll try my best to move from the step of "learning English" to "learning by English", and I'd like to truly participate in EMP. It might still take sometime, but I hope you will be patient.
- The symposium was really enjoyable and was a good chance to improve my English skill. I hope this will go on.
- I hope to have a program which will empower my writing skills.
- ENP is going to end and this class is the very last class for me. I'm so glad to be in EMP. It has given me a lot of chances to learn not only English but other things. Thank you very much for everything.

5 EMP Feedback result

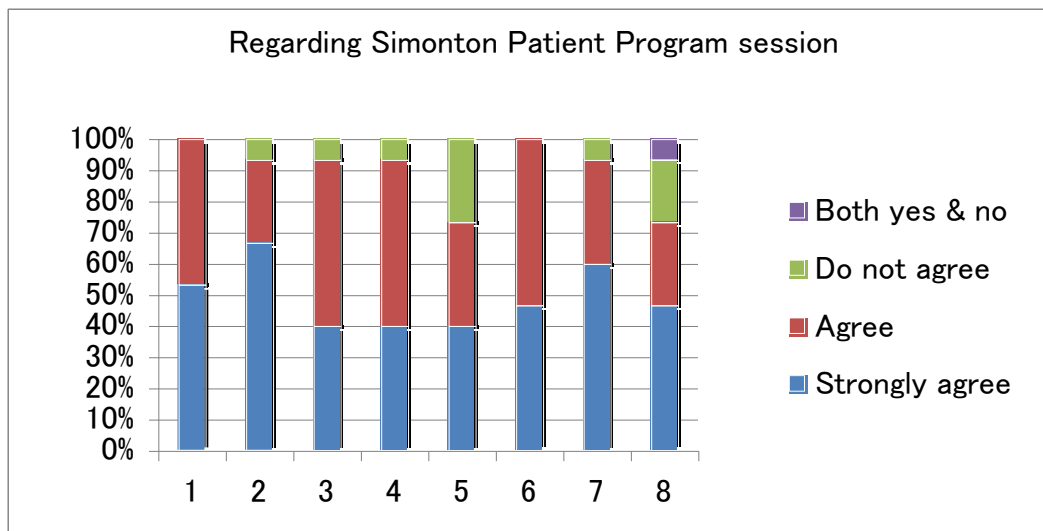
5th year and 4th year medical students

EMP session feedback results (Simonton Patient Program)

(2nd, 3rd, 4th year students took part in this session)

Students Questionnaire results

	Strongly agree	Agree	Do not agree	Both yes & no
1. I understood the English used in this session.	8	7	0	0
2. The knowledge and experience offered in this session will help when I become a doctor.	10	4	1	0
3. The knowledge and experience offered in this session will be helpful patients when I become a doctor.	6	8	1	0
4. This session helped to increase my motivation to become a good doctor.	6	8	1	0
5. This session helped deepen my medical knowledge.	6	5	4	0
6. This session offered me a more diversified view from a Medical standpoint.	7	8	0	0
7. I want to participate in sessions like this again.	9	5	1	0
8. I think that it would be better to offer this session as a part of EMP program for the next participants.	7	4	3	1



9. Please write about good points or impressions of this session.

- I learned of new areas that I didn't know about before. I don't know if it will become my personal belief, but I'm sure it will extend my ability.
- The sessions were easy to understand, because the lecturers spoke in clear and moderate speed English. I gained various ideas from it. Group work in this session also encouraged my initiative. The topics were also interesting and were a new experience to me. It gave me a chance to reconsider human beings and how I should approach them as a doctor.
- This session was good and new to me. I have learned many things from this session.

- I think it would be better to have the chance to participate in more sessions like this. It not only allows us to learn medical knowledge, but it broaden our horizons. The topics of this session would be easy for students in lower grades to participate in.
- Ms. Kawabata's English was really clear and easy-to-understand. Her speech style seemed to be an ideal for Japanese English speaking. I'll do my best to become a good speaker of English like her.
- The topics in this session were excellent. I've actually avoided the "death" issue, but if I have a positive image toward it, I will be able to face patients with no hesitation and talk honestly with them.
- I gained a new point of view.
- This session changed in my sense of values. I'm not sure whether or not I will be able to use it for patients but I want to lighten the weight on patient's mind as much as possible.
- This was a good opportunity to learn about other peoples' opinions especially about the thanatobiologic issue.
- This was a first time to communicate openly about death. It inspired me very much. I gained some points on how to face patients who can't be cured.
- It was good for studying English, but I felt it wasn't so beneficial to me, because I had less interest in the topics in this session.
- I believe that a good doctor can offer more options to patients. The Simonton patient program will be a good aid. I think it is important to have one's own view of life and death to help patients. This was a good opportunity to remind me of it.
- This was a good opportunity to speak English and to share our experiences in groups. The English spoken by lecturer was very clear and easy-to-understand. I think we need more sessions like this because most of the lessons in university tend to focus on medical knowledge.
- I actually had an experience to think about my views of life and death. This was a good opportunity to share opinions on this topic. It was also a challenging because I had to reflect upon myself.
- This session gave me a chance to face my own life and death, and to think about new things.
- I'm a 2nd year student and I was happy to participate in this session.
- It was good to have the references in advance.
- It was a good opportunity to learn about the Simonton patient program.

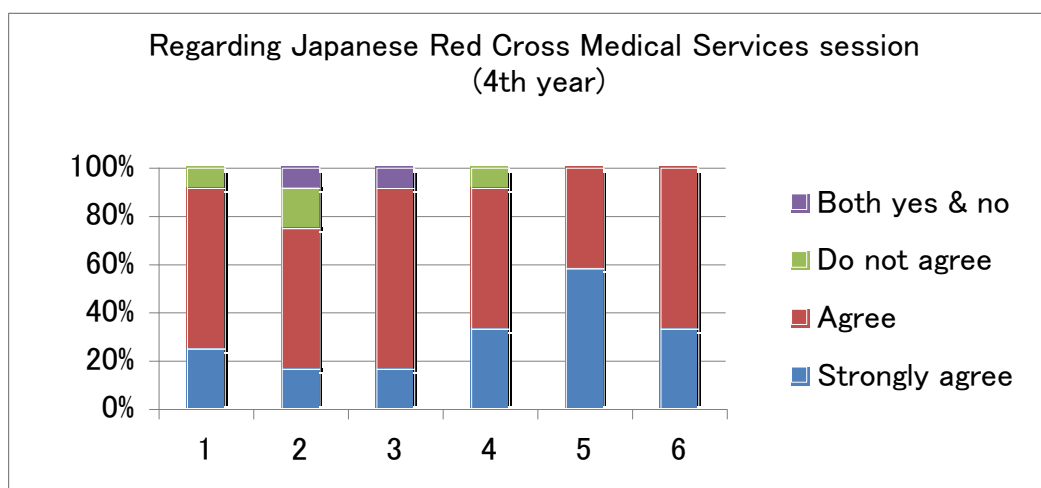
10. Please write about what points can be improved in this session.

- I think it would be better to have more time for discussion.
- I needed more time for discussion.
- I though we needed more time to finish the group work after the session lecture.
- There were too many things to learn in a 6 day session program to comprehend in 3 90 min sessions.
- It was good.
- I think the sessions conducted by doctors from PSU were more satisfactory.
- If there is a chance to have this kind of session again, I want to participate.
- I regret that my concentration slipped because of the lengthy instructions.
- I think it would be better to open this session to all medical students, not only EMP attendees.
- This session provided me with useful information. I expect to have a chance to learn in such an interesting session again.

EMP Session Feedback Results (Japanese Red Cross Medical Services · 4th year)

Student Questionnaire Result

	Strongly agree	Agree	Do not agree	Both yes & no
1. I understood the English used in this session.	3	8	1	0
2. The knowledge and experience offered in this session will help when I become a doctor.	2	7	2	1
3. This session helped to increase my motivation to become a good doctor.	2	9	0	1
4. This session helped deepen my medical knowledge.	4	7	1	0
5. This session offered me a more diversified view from a Medical standpoint.	7	5	0	0
6. I want to participate in sessions like this again.	4	8	0	0



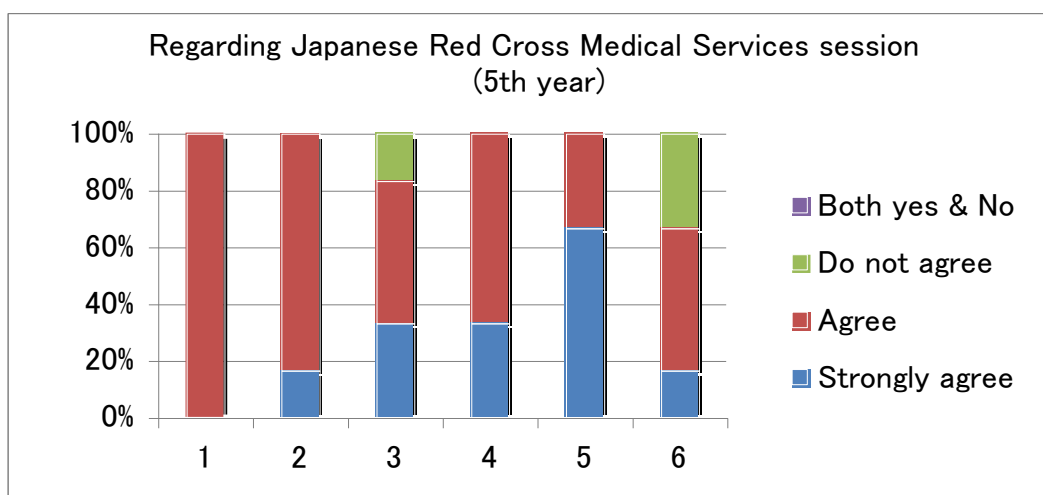
7. Please write your impressions gathered throughout the whole session.

- I was happy to learn about not only the university hospital's state of the art healthcare but also about international medical field support.
- This was my first time to learn about Red Cross activities and refugee camps, I was able to draw a concrete image. It will be good information when I participate in activities sometime in the future.
- This session was really interesting, but the video of the operation was a little bit too technical.
- I think it would be better to open this session to all medical students not only for EMP attendees.
- Because of my poor English and lack of terminological knowledge I had many difficulties during this session. But it was a good opportunity to learn about Red Cross activities.
- Thank you for giving me a chance to see the valuable video. I was really happy to take part in this session.
- I realized that there were many choices of work within the larger medical field.
- It was meaningful to see the video of the operation at the battlefield, as this is rarely seen in Japan.
- It was really interesting to learn about refugee camps, ERUs, and the operation scenes on the battlefield.
- It was a chance to learn how to get involved medical activities rather than a study of English.

EMP Session Feedback Result (Japanese Red Cross Medical Services · 5th year)

Student Questionnaire Result

	Strongly agree	Agree	Do not agree	Both yes & no
1. I understood the English used in this session.	0	6	0	0
2. The knowledge and experience offered in this session will help when I become a doctor.	1	5	0	0
3. This session helped to increase my motivation to become a good doctor.	2	3	1	0
4. This session helped deepen my medical knowledge.	2	4	0	0
5. This session offered me a more diversified view from a Medical standpoint.	4	2	0	0
6. I want to participate in sessions like this again.	1	3	2	0



7. Please write your impressions gathered throughout the whole session.

- It was impressed that I was able to see operations that I have hardly ever seen before.
- If I have had received more Japanese explanations regarding medical science, I would have increased my understanding and interest in this session.
- Watching the actual activities of the Red Cross on DVD and listening to lectures in English were good opportunities for me.

What I learnt from the 4th year ENP program

Noriko Terasaki

The 4th year ENP class was held according to the student's wishes, hopes that we were asked about in the orientation session, such as, "what kind of study would you like to do?". Students participated in the class actively not passively. We practiced dialogues on taking medical histories, role-played an actual situation between a patient and a nurse, made presentations, and so on.

Because I had not taken English for one year, I felt frustrated that words wouldn't come out smoothly. In spite of my condition, the class atmosphere encouraged me to try to speak without worrying about mistakes, so I felt that it was very enjoyable. I don't think that I spent enough time facing my English skills fully because I put more importance on my employment exam and graduation research. Still, I tried to concentrate on using English as much as possible. That's why I have could do a presentation with good preparation.

I start working as a nurse at a hospital in April, and I think that I will have a chance to communicate with patients in English. I believe that what I learnt from ENP will give me great help in my work.

Since I joined ENP, I think I've become more active in using English than before. I have started to care more about 'how to communicate in a nice way' than 'worrying about mistakes'. Although my proficiency in English took time and progressed slowly, thanks to changes in my way of thinking towards speaking English, I feel I can open the door to the next stage. I want to use English as a communication tool without any hesitation. I would like to thank my teachers, who encouraged me with patience and warm hearts.



ENP B-III feedback

Yasuko Asogawa (4th year, Nursing)

ENP class is free style. If the students offer the several proposal what they want to study about, Teachers accept that. ENP's classes are very freeness and fun. At that time, I've decided that I visit to Prince of Songkla University (PSU) at mid-November to late November. So, I'm conscious that 2 things. One is the "useful English", and the other is "Used to be the English communication".

Once start to the classroom, All conversation is managed by English. When I was jr-high and high school student, I'm not serious student about English. At first season of ENP, I had been able to remind the English. Listening skill was vague. I had been able to say only "Umm..." "Oh? Huh?" in Japanese with shy smile. But, teacher deals with conversation again and again. So, I could change the attitude of English. Because I have much more strong emotion "I want to talk about some topic, more and more"!

We hope the session about some topics in English. In particular; ①Free discussion about looking and listening about the drama program "ER". ②Make the presentation about healthy topic and discussion. In this season, I have made the 2 presentation. One is "Essential point of CPR(cardiopulmonary resuscitation)", the other is "HLHS -What it means to be the parent of a child with a heart defect?- " (For ready to visit to PSU, other 3 presentation I make too. "brief introduction", "About my University & Faculty of Nursing", and "Disaster Nursing in Japan" Teacher give some advice.) Session about drama program "ER", The seen is very effective because that seen contain about the Interesting Nursing topic "What is the core of Nursing work at the hospital?" I want to talk about this topic more and more! I really feel. And so I make all kind of efforts for cover my poor vocabulary. Presentation about healthy topic by my self have difficult point that how to explain about medical procedure and clinical conditions. I need to study hard about special medical word and phrase.



Before I take the ENP class, I had the terrible & especial feel. So I made the high wall and keep away from English. That kind of me, ENP is the big opportunity what I start make effort for study to really useful English by myself.

English is common language in the world. And so, many people communicate with other people in English. In fact English is one of the tools that is "the broad your world". For example, research paper in English, Nursing staff around the world, and foreign patient at the hospital ward...

If you can communicate in English with them, you can close in them by myself.

By it's nature, Nursing need the one special view point...that is "the holistic" for give the good care for the patients. It means "the all things" about one person. For example, social situation, environment, his life. I will start work in the Hospital on next April. Now, sometimes I think "Can I keep that attitude in the very busy situation?" I think this is the most important things for keep your "holistic view" if you stand on the very busy working situation is "Increase in your drawer on your mind and have many opportunities for open your mind". English is helpful tool for keep that way...because English can expand your world.

Thank you for all English teachers. I'm a lucky person. If I could take the ENP class once more, I want to take that more and more....

ENP report on December 10th

Nana Gotanda

It is the first time to our ENP class. The member of this ENP were Yuka Danjo, Yuka Mitou, Mana Saito, Makiko Yoshida, and I. Today's class content was self introduce. Self introduction sounds like very easy, but it was very difficult for us. It is very easy to read a paper we prepared before. But sometimes Ms. Nanbu and other members asked questions. One of the members who do self introduction have to reply it A.S.A.P. For time, Mana and Yuka Mito couldn't do self introduction, I'm looking forward to the next class.

Report about Mr. Guest's class on December 17th

Yuka Mito

We prepared the name of illnesses. For example I cited high blood pressure, arteriosclerosis as circulatory system's illnesses. I cited pneumonia, asthma as respiratory system's illnesses. I cited duodenum ulcer, stomach ulcer as gastrointestinal system's illnesses. I cited liver cirrhosis, gallstone as liver, biliary tract or pancreas's illnesses. I cited muscular dystrophy as musculoskeletal system's illnesses. I cited cystitis as urinary system's illnesses. I cited fibroid as reproductive system's illnesses. I cited parkinson's disease as Nervous system's illnesses. I cited thyroid gland depression disease as endocrine's illnesses. I cited defective hearing as ear's illnesses.

I learned the following things in this class.

- Line of questioning for patients in English.
- The meaning of disease. Disease is serious illness.(anesthetic, stitches, bleeding, et cetera)
- The name of other illnesses(bronchitis, hyper thyroidism, glaucoma, hay fever, et cetera.)
- Pronounce some words.(virus, vaccine, et cetera.)
- The meaning of contracted word.(ENT : ear, nose, throat. RS: Respiratory System. CVS: Cardiovascular System. GIS : Gastrointestinal System. GUS: Genito-Urinary System. CNS : Central Nervous System.)
- About referral letter.

I thought that wanted memory the meaning of contracted word, the name of illnesses learned in this class and line of questioning for patients in English.

Report on Prince of Songkula University Faculty of Nursing on December 24th

Makiko Yoshida

I'll remark about this report presented by Asogawa san.

Many young people from various places come to Songkula University in order to be a nurse. Nursing service in Thailand is wide, students learn Nursing in the 8 field. Characteristic of the class is "Reiki". This class is held under the idea that "As we share space energy with others through our hands, it will make oneself and others get well. I interested in this class. Japanese have the saying "yamai wa ki kara", I felt like this. I thought that Japanese nursing education doesn't have this idea because Japanese make a point of clear evidence. It is just like Thai who are so religious to have this class.

Visiting nursing is very important in Thailand. Thailand have a lot of communities at various region, but some communities don't have enough medical facility. I thought that nursing for people living in remote place is important problem for each Japan and Thailand. In Japan there is health nurse as specialist on protecting the group's health, in Thailand nurse is in charge of health nurse. Because we provide knowledge and skill on nursing for people at hospital and region, I thought that I should study nursing more.

Nursing students at SU learn hard. They spare no effort to have a lot of information that they are interested in. In particular they are active about studying English. Their idea is "we have to read foreign books in order to get knowledge, then we may well study English." I was impressed with their insatiable position. Since I have enough surrounding for learning, I forgotten to learn voluntarily.

Asogawa san is very attractive because she made every effort to understand different culture and deepen her view of nursing. I was bright impressed by her.

As I attended this meeting, I felt strong possibility that nursing students can have a lot of chance.

ENP report on February 28th, 2009

Yuka Danjyou

I studied English so hard and took over English in my daily life after I took ENP lessons. Especially, I enjoyed watching ER because ER reproduce American medical service. When I watch ER, I used Japanese caption, then I listened Japanese lines and used English caption. I concentrated on listening English, but sometimes it was difficult to listen. I tried to listen hard. Ms. Nambu told us that it was important to accustom to English. I didn't understand a lot of things but I tried to listen hard.

White and Guest lesson excited me. They advised "Don't silent and more smoothly and more taking!" When I took lesson, I found I forget vocabulary. I was shocked so I reviewed lessons and look through vocabulary.

Medical vocabulary is difficult for me. It is hard for me to pronounce, memorize medical words. Teachers noticed me pronouncing many times. Sometimes I didn't understand their advices so member told me explanation, they told simple words. It was very helpful for me. I have to study so hard to be able to explain patients, medical people. Teachers advised us that it is deliberately for you to explain patients.

I thought a few people lesson was very helpful for me. It was many chance to ask teacher in this lesson.

Report on Mr. White's lesson (Jan 14th to 28th)

Yuka Danjyou

White' lesson was interesting to me and explanation of medicine is a stimulus to me. Because nurses have to understand pharmacology and explain the action of medicine to patients. And, I heard that Vesterner don't trust Western medicine so I wanted to ask White that do you trust Western medicine.

When we explained medicine, we explained the direction very hard. It was desperately. But explanation that we told was difficult and understanding was hard. Japanese people try to explain difficult. White advised that we can explain medicine by easy English. For example, junior high school English. In fact, we can explain many things to people by junior high school English and, many people can understand easily.

We have to memorize medical vocabulary both of Japanese and English. Medical vocabulary is special and we don't tell medicine's vocabulary on our dairy life.

White taught to us any kinds of symptoms from medicines. Sometimes, symptom that we wanted to describe in English wasn't understood by White, it was hard. We wrote words and made gesture. It is difficult to explain the direction to people, we must not make a mistake of explaining the direction. So we have to learn medical vocabulary and English so hard.

I asked White that question. White said to me, "I trust western medicine. It's scientific."

Report on the first class of March 6th, 2009

Nana Gotanda

It was long time no see, so we let us know how we have been getting on. Makiko takes part in peer counseling club. She and her club members are going to teach about peer counseling for Jr high school student next week. Yuka Mitou lives in dormitory in kibana. But she is going to live alone in Kiyotake, so she prepare for move now. Yuka Danjo visited to Kumamoto with her friends. She went to a park and she gave bait for birds. Mana was absent for this class because of fever. I enjoy this spring vacation, of course I effort to study English.

Report on the second class on March 6th, 2009

Makiko Yoshida

Today is our last ENP2 session. We translated the comic "the Ns. Aoi" from Japanese into English. Expression in

this comic is popular at hospital. However we could understand what they (character in comic) want to say, we didn't express in English correctly. It often happens that Japanese don't write subject so clear as English do. In addition English more strict than Japanese in tense. It was important for us to understand these different when we try to translate. We also learned more better expression for the same meaning wards.(Ex: sickroom = rooms in hospital)

I thought that Japanese was so ambiguous again. I also thought that Japanese often avoid to verbal express.

ENP report

Makiko Yoshida

The ENP course started from November. We first learned useful expressions commonly used in a hospital, how to ask about the patients' symptoms, and how to explain about medicine through medical comic books. Because the content was at a basic level, I could understand although my English knowledge was limited. The amount of weekly assignments was appropriate too.

When I introduced myself at the first lesson, I realized that I had to study more because I couldn't speak or write English although I could read some. So, I started to read English newspapers given by the teacher and listened to the CD 'English for Nursing' at home.

When I participated in the Symposium with guest speakers from overseas on November 20th which was run by EMP, I strongly felt the passion and keen attitude of medical students toward learning English. There were many participants and I was impressed by the passionate attitude of them as well.

At the presentation about Prince of Songkla University from Ms. Asogawa, a fourth year student from the Nursing department, I learned about the circumstances of the school and students' ideas about nursing in Thailand and it gave me a good opportunity to think about it for myself. One of the most impressive things was that nursing students in Songkla were feeling the joy of learning and they don't consider English learning to be unusual. They have an idea which I didn't have- that it is natural to learn English because we have to talk with many people and we have to gain more knowledge from English books. It was a shocking experience. Ms. Asogawa talked in a lively way and I felt that the experience in Songkla was really enjoyable and meaningful for her.

I was stimulated by other people's efforts and results too. I don't think my fundamental attitude to learn English has changed. I participated in every lesson only half-prepared because the nursing curriculum is incompatible with ENP for me. At the orientation for ENP, we were told that this course is for those who were serious about learning. I took a good look at myself and I was had little clear idea about how to try to learn English. I know the teachers formed the curriculum in their overtime and I regret that I should have been more prepared to participate in the course.

Collaboration with the universities overseas has become full-scale, including with the nursing department of Prince of Songkla University. It is very fortunate for the students that we can study English in more practical and flexible ways in the future. It depends on each individual to make use of this opportunity or not, so I' m going to improve my attitude towards ENP and think more thoroughly about self-study.

ENP REPORT

Mana Saito

I heard a story of Ms. Asogawa who went to Songkla University to study and could know the difference of nurse and the nursing school of Japan and Thailand. It was studied very much.

It is that the nurse can sew up in Thailand to have been particularly impressive. Because it was only a doctor in Japan that there was by a suture, I was amazed.

I read the article that Miyazaki University medical department nursing subject linked the agreement of the studying abroad for exchange to Songkla University with a newspaper yesterday. My aim was decided it was decided formally. I intend to challenge a class of ENP in the future more positively. I want to go to do my best for

English up at home. I review what I studied by a class of Guest and White well and want to make it one's thing at first between these spring vacations.

How I felt throughout the ENP class

Yuka Mito

I took the ENP session for half a year. We had the session after school and it was confusing, but I finished it on March 6th. Looking back at the session, it was shorter than it seemed to be.

In Mr. Mike's class, I learned the English name of diseases and how to interview to patients in English. There was some English vocabulary that was hard to pronounce and I have a memory that made it difficult. Also, I realized that I need to know the meaning of abbreviations.

In Mr. Guest's class, I also had a hard time because I learned English vocabulary which had difficult pronunciation. Then I picked a medicine and translated its constituent, effect and notice etc. When I presented for the medicine, I remember I stuttered incoherently because I did not know how to present.

In Ms. Nambu's class, we introduced ourselves and translated lines from a comic book called "Ns' Aoi". In my self introduction, I gave a presentation showing and introducing the pictures of my hometown using PowerPoint. I was very nervous during the presentation and had a hard time. I enjoyed hearing my classmates' self introductions and I got a chance to know their hobbies and club activities again.

Throughout the translation of comic lines, my classmates and I translated differently, so I realized and learned there were many ways to translate. Also there were many nursing terms in the comic "Ns' Aoi". It was very helpful to know those terms.

During the half-year ENP class, I realized my weak point was listening. I tried to listen to an English conversational program on the radio and some English CDs, but nothing improved. I realized that it will take a big effort to improve my English speaking skill. I think I have not made enough of an effort. I'll try hard to learn English in an honest way.

Sharing my feelings on taking ENP classes

Nana Gotanda

After finishing this semester's ENP, I was realized that the ENP English teaching style was completely different to the styles that I was used to. That is because there were so many chances to speak English in class. My teachers made the class atmosphere casual and easygoing by telling us not to worry about making mistakes, so I was really happy to take part in the class. To tell the truth, I still don't have enough confidence in speaking English, however, I have come to feel happy when my teachers understood my English. She also motivated me by saying that my English had improved. But sometimes I felt frustrated when I wasn't able to find a good expression. In that case, I tried to ask her and she carefully gave me advice one by one.

I have heard from 4th year medical students about the overseas study program, and I know that the School of Nursing has an exchange agreement with Prince of Songkla University, so I think the overseas study program has become a real possibility for me.

I want to keep studying English in my 3rd year in ENP and I hope to study overseas in the near future.

(A schedule handout)

2008 年度後期 宮崎大学附属病院看護部 ENP2008 年 10 月 9 日 (木)

目標：①自分で目標を設定し、ENP をひとつの材料にして、自らすすんでやること。

②英語に慣れ、自信を持って英語が使える。

③タイ国プリンス・オブ・ソクラ大学附属病院で研修が受けられるだけの英語力を身につける。

④英語を話す患者さんと英語で意思疎通がはかれるだけの英語力をつける。

⑤英語を話す訪問客に英語で病院を案内出来るだけの英語力をつける。

A グループ：ソクラ大学附属病院での実習で自信を持って英語が使えるようになるために

B グループ：英語を話す患者さんと自信を持って英語が話せるようになるために

<日程> **A グループ**：90 分（～60 分）15 回（おもに産婦人科のグループ：上達して希望する人がこのグループに加わる）を実施

1 回目 10 月 9 日 (木) 5:30 ~ 6:30 : Guest・White (Guest・White 研究室)

2 回目 10 月 16 日 (木) 5:30 ~ 6:30 : Guest・White (Guest・White 研究室)

3 回目 10 月 23 日 (木) 5:30 ~ 6:30 : Guest・White (Guest・White 研究室)

4 回目 10 月 30 日 (木) 5:30 ~ 6:30 : Guest・White (Guest・White 研究室)

5 回目 11 月 6 日 (木) 5:30 ~ 6:30 : 南部 (於：未定)

6 回目 11 月 13 日 (木) 5:30 ~ 6:30 : 南部 (於：未定)

7 回目 11 月 20 日 (木) 5:30 ~ 6:30 : 南部 (於：未定)

8 回目 11 月 27 日 (木) 5:30 ~ 6:30 : 南部 (於：未定)

9 回目 12 月 4 日 (木) 5:30 ~ 6:30 : 南部 (於：未定)

10 回目 12 月 11 日 (木) 5:30 ~ 6:30 : 南部 (於：未定)

11 回目 12 月 18 日 (木) 5:30 ~ 6:30 : 南部 (於：未定)

12 回目 1 月 15 日 (木) 5:30 ~ 7:00 : 南部 (於：未定)

13 回目 1 月 22 日 (木) 5:30 ~ 6:30 : 浅賀 (於：305 EMP)

14 回目 1 月 29 日 (木) 5:30 ~ 7:00 : 浅賀 (於：305 EMP)

15 回目 2 月 5 日 (木) 5:30 ~ 7:10 : 浅賀 (於：305 EMP)



B グループ：60 分 12 回（上達して希望する人は、A グループに加われます）を実施

1 回目 10 月 9 日 (木) 5:30 ~ 7:00 : 南部 (於：305 EMP)

2 回目 10 月 16 日 (木) 5:30 ~ 7:00 : 南部 (於：305 EMP)

3 回目 10 月 23 日 (木) 5:30 ~ 7:00 : 南部 (於：305 EMP)

4 回目 10 月 30 日 (木) 5:30 ~ 7:00 : 南部 (於：305 EMP)

5 回目 11 月 6 日 (木) 5:30 ~ 6:30 : 小野 (於：305 EMP)

6 回目 11 月 13 日 (木) 5:30 ~ 6:30 : 小野 (於：305 EMP)

7 回目 11 月 20 日 (木) 5:30 ~ 6:30 : 小野 (於：305 EMP)

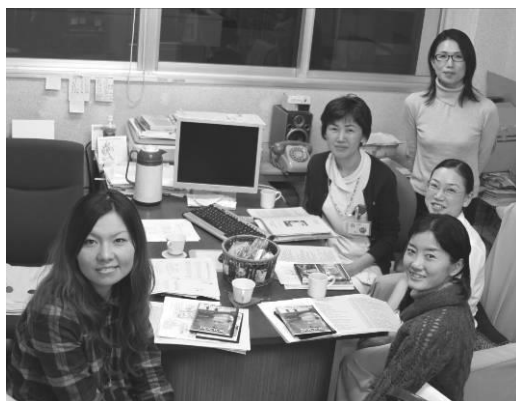
8 回目 11 月 27 日 (木) 5:30 ~ 6:30 : 小野 (於：305 EMP)

9 回目 12 月 4 日 (木) 5:30 ~ 6:30 : 永射 (於：305 EMP)

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11 回目 12 月 18 日 (木) 5:30 ~ 6:30 : 永射 (於：305 EMP)

12 回目 1 月 15 日 (木) 5:30 ~ 6:30 : 永射 (於：305 EMP)



305EMP、各研究室は福利厚生棟の 3 階（学生食堂のある棟）です。

医学科社会医学講座英語分野

玉田吉行・横山彰三・Michael Guest・Richard White・南部みゆき・浅賀・小野・永射

November 6th, 2008

Miho Iwakiri

Today's class, we talked about many things. For example, our patients, our pets and cooking. At first, we talked about our patients. A psychiatry patient had brain cancer. The patient's care was very difficult. And a pregnant woman drank a lot of water for psychiatric reasons. She entered the psychiatry department. We talked about her.

The second topic was our pets. Ms. Hamasuna talked about her fish. Her fish's names are Ao and Aka. They are a kind of tropical fish. They were very pretty, but they are dead. I talked about my dog and cat. Ms. Nanbu likes dogs and I promised to show my dog's picture for her in the next class. Ms. Horiuchi have some farms. She cultivated her farm and she grow some vegetables. And we talked about some cooking. Next week, Ms. Horiuchi will introduce us how to cook pasta which we use stew powder. This is going to be great.

At last, we checked "how long we can live?" with each other. We used two pieces of paper, there are some questions written. So we understood that we will pass away for long later. We enjoyed today's class very much. Thank you.

November 13th, 2008

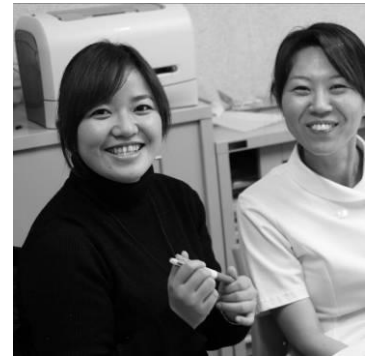
Kaoru Hamasuna

In this class, we had a good time. First, it was planned to report how about the pasta that Ms. Horiuchi made using her spinach. But, she did not make pasta. She made Tan-tan-men. I think that she will make a pasta and report someday...

Secondly, we learned DMAT and NBC from Ms. Uehara. She went to Osaka prefecture to study NBC triage. She puts on thick gown, heavy boots, special helmet, mask and so on in that training. And she had a test to get some license. Of cause, she passed. It is the unknown world for me. She has a good energy, and her story stimulated me. I'd really like to work with a good energy like her.

Lastly, we did games called "Matching for Understanding". We learned some words and what it means. For example, "will power" is explained "strong desire". It was impressive for me, because I want to have "will power" for everything to do.

I look forward to the next class. Thank you.



November 20th, 2008

Kaoru Hamasuna

This is my second challenge to write class report, and this is my last class report too. I think there will be something wrong with my report. Because it is hard for me to explain (and to understand) about this class. I'm hoping you can help me. Absolutely, this is my construction. Please check something about this class by yourself. Thank you in advance for your consideration.

Today, we were given a chance to participate the class for EMP members. This workshop trainer is Mr. Waffarn. He is a professor of pediatrics in California. He explained many things about pediatrics in California. I show you most topics and topical outlines.

➤ Education for pediatric doctors.

Doctors have to study 10 years for pediatric training. That is included 4 years in medical school. I think it's too long!

➤ Ambulatory pediatrics= General pediatrics.

Pediatricians take care from infant to 18 years old in California.

Many patients have to ambulate to have a checkup.

Mr. Waffarn's vision is patients can consultation without moving hospital to hospital. For example, a doctor makes a video-phone call with patients.

- Who provides pediatric primary care?
The answer is pediatricians include other specialist deal with pediatrics, school nurse, out-patients clinic and hospital based services.
- Activities in a pediatric clinic.
They do questionnaire, initial screening of child by non-physician, assessment by MD and nurse-practitioner, and immunization.
- Distribution of US population by race.
66% is white, 15% is Hispanic, 4% is Asians. There are many kind of race and healthcare professionals have to know social background.
- Concept of primary care "medical Home"
- Childhood obesity in Orange County California.
Childhood obesity from infant to 4years old takes over 18.8% in 2006. It is increasing every year.
- Development of disabilities.
I'm sorry...I can't understand about this topic.
- Children with special health care needs.
We need to consider the possibilities of coordination.
- Who pays for pediatric health care?
11.3% people are no paid health care.
- Health Insurance States
There are 72% people who use private insurance. 20% people use public insurance (this includes Medicaid).
One of EMP student asked about difference of quality of care between private insurance and public insurance.
It should be no difference between two, but there are little margin.
- Recommendations for Preventive Pediatric Health Care
He gave a material "Recommendations for Preventive Pediatric Health Care."
- Portability,
It is important to improve in Electronic medical records and Patient data base.
- Lastly
He introduced some homepage.
An Academy of Pediatrics: <http://www.aap.org/>
Children Defense Fund: <http://www.childrensdefense.org/site>

November 20th, 2008

Emi Sato

There was Mrs. Nambu's lesson today. Firstly, we discussed the expression and the grammar of Mrs. Hamasuna's report. I studied a method of various expressions in one sentence.

Next, we practiced how to ask a patient about his condition. For example, name, date of birth, allergies, medical history, family history and so on. We often use these questions, and they are very important on site. We will study English of "stress can Ruin Your Health" next week.

I'm not good at the translation from English to Japanese. But I try to translate hard.



December 4th, 2008

Minako Uehara

Ms. Nambu's class.

Firstly, we discussed the expression and grammar of Ms Hamasuna and Ms Satoh's report. Secondly, we shared an essay "Stress Can Ruin Your Health" and summarized each paragraph. It announced five ways to fight stress.

Lastly, we presented each other "how to reduce stress own way."

Ms. Horiuchi tries to exercise and farmwork.

Ms. Hamasuna doesn't feel pressured so much.

Ms. Iwakiri tries to speak with her friend and read a book.

Ms. Kuramoto tries not to think about her job, and enjoy drinking.

Ms. Satoh enjoys get a massage.



I try to sleep without an alarm and sleep in. I enjoy girls talk. It seems to be different that how to feel stress and how to reduce it own way. We should be careful severe stress in society. Don't let stress ruin your health. We should enjoy our life.

December 18th, 2008

Today was the last class in this year. At First, we discussed the expression and grammar of the report written by Ms Uehara. Secondly, we paired off with the person sitting to our immediate, we did a role play about three situations, and practiced discussing in pairs. I think it is difficult to get into character and gain my point, but conversation practice was enjoyable.

Eriko Kuramoto



Endeavor for keeping safety procedures for patients

University of Miyazaki Hospital
Minako Uehara RN

Introduction

University of Miyazaki Hospital

- Number of sick bed 612beds
- Number of department 18
- Average length of the hospital stay 23.3day
- Sicked operation rate 92.1%
- Nurse
-

Operation Room

- Room 12room
- Bed 13 beds
- Operation 4954 (in2007) (26th)
- 4660 (in2006) (29th)
- Nurse 41 (include 3 part time nurse)
- Anesthetist 16
- medical technologists 2
- Assistant medical technologists 2
- Administarative (clerk) 1
- Medical Orderly 1


Past accident in Japan

- Yokohama city University Hospital
1999
mistake A patient for B patient

keep safety procedures for patients in OR

- PDA and list band
- Right or Left
- Time out
- safety procedures

PDA



Right or Left

- Confirmation sheet

Time out

- In sports a **time-out** refers to a stoppage in the match for a short amount of time. This allows for the coaches of either team to communicate with the team.
- Name
- Region
- Right or Left
- Type of surgery

safety procedures

- Do not recurrence
- Prevent incident



safety procedures

- 15chapter
 - confirmation of patient
 - transfer patient
 - sterilize instrument
 - electric scalpel
 - transfusion
 - medication
 - treat organ

When an incident happen in OR

- Report
- Analysis
- Provision(measure)
- Assessment

5S

- Arrangement (seiri)
- Tidy (seiton)
- Neatness (seiketu)
- Cleaning (seisou)
- Custom (situke・syukan)

Does your touching reduce the patient's somatic pain?

ENP : Eriko Kuramoto



The reason why I researched this theme.

- In the clinical situation, the nurse touches a patient who has the somatic pain.
- In the clinical situation, The nurse often touches patients.
- It is significant to know the effect of nurse's touching to the patients.



We carried out an experiment for fundamental understanding of touching as follows; (No.1)

- Firstly, we gave harmless to the electric stimulation to the left median nerve of ten female volunteers. They are nursing student in their 20's.



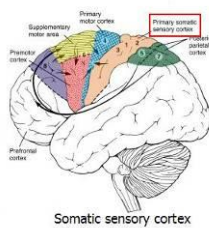
We carried out an experiment for fundamental understanding of touching as follows; (No.2)

- While giving the stimulation, the nurse keep touching the subject's (patient's) right hand for one minute.



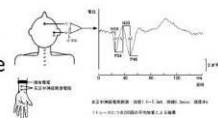
We carried out an experiment for fundamental understanding of touching as follows; (No.3)

- We measured two things; Changes of sense } Changes of recognition in somatic sensory.
- Two things were measure Somatic sensory evoked potential (SEP) Visual analog scale (VAS).



Somatic sensory evoked potential (SEP)

- MEB-900 (Nihon- koden) was used both to give the stimulation and to measure SEP.
- SEP shows that when a patient has stimulation, then somatic sensory cortex get activated.
- If the stimulation is turn down, SEP also gets becomes weaken.



MEB-900

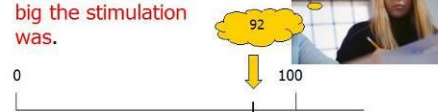
Visual analog scale (VAS)

- First, a patient is given the electric stimulation so that they can remember the strength of the feeling. This stimulation is considered 100.
- Then the patient is given the stimulation again. But this time a researcher keep touches her hand.



Visual analog scale (VAS)

- Afterwards, then patient is asked to put a mark on the line to express how big the stimulation was.



The increase-decrease rate of SEP and VAS

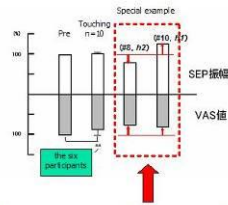
- During the touch, VAS of the six participants showed significant decrease.

- There are two cases, to be mentioned. Both of them showed decrease of VAS.

However,

- (in case A) SEP decreased.
- (in case B) SEP increased.

SEP showed no change.



It was an confining result.

Discussion

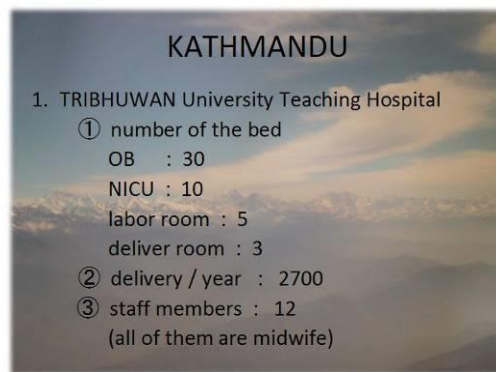
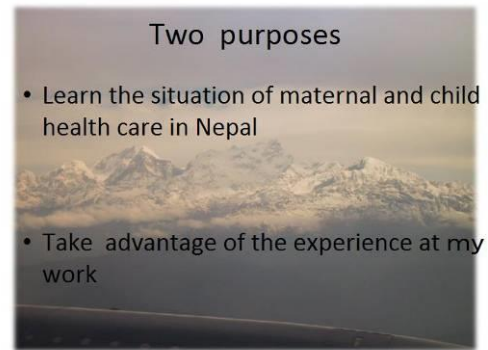
- There is a possibility that touching a patient can reduce his/her pain.
- It is possible to say touching can work as a pain reducer, regardless where the nurse touches.
- The perception of stimulation was considered to have two factors;
 - somatic sensory
 - patient awareness
- Effect of touching is different from person to person.

Finding

- During the touch, the subjective sensation caused by stimulation was reduced.




- Touching can work differently from person to person and can have the risk of fundamental somatic sensory increased.





Situation of maternal and child health care

1. Midwife and her work
 - assist a birth without a doctor
 - inserting an intravenous line
 - a intravenous infusion
 - delivery recording



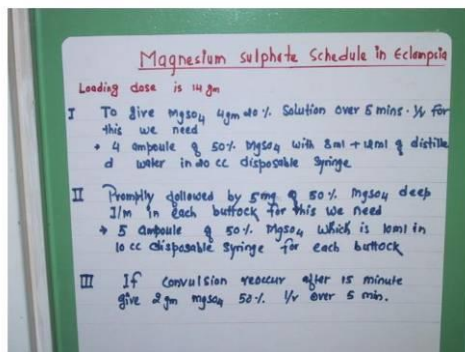
2. Other staff members

- OB : midwife
- helpers



Prenatal care at the hospital

1. Inpatient
 - heart disease
 - diabetes
 - PIH
 - TPL
 - IUGR

Situation of delivery and child care

- No special breathing and relaxation
- Men don't attend delivery.
- A lot of deliveries in their home
- Duration of hospitalization
 - natural delivery : 8~12 hours
 - caesarean section : 4~5 days
- About baby's care
 - Midwife don't advice.
- They have much support .



**Regional partnership,
maternal and child health care activity**

- No system to visit newborn and parturient
- Some problems
 - poor nutrition
 - IUGR
 - baby's pneumonia
 - neonatal death
 - poor family planning education

 A scenic view of a mountain range in the background, with a town or village in the foreground. The sky is clear and blue.




In Japan

nuclear family



- Lack of knowledge and lack of support of child care,
- child care neurosis (depression),
- child abuse.

Discussion

- There are a lot of people who can not see a doctor due to poverty.
- Nepalese women have stronger spirit than Japanese women.
- They can take care of their baby well than Japanese women.

My own aim from now on

- withdrawing both maternal instinct and child care knowledge from fresh mothers.
- I wish
 - changing of the body before and after the delivery should be positive, not negative.
 - to remember and to tell their own children what she learned.



Thank you for listening

Does your touching reduce the patient's somatic pain?

ENP: Eriko Kuramoto

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Firstly, we gave harmless to the electric stimulation to the left median nerve of ten female volunteers. They are nursing student in their 20's. While giving the stimulation, the nurse keep touching the subject's (patient's) right hand for one minute. We measured two things; changes of sense and change of recognition. Two things were measured; Somatic sensory evoked potential (SEP) and Visual analog scale (VAS).

【Somatic sensory evoked potential (SEP)】

MEB-900 (Nihon- koden) was used both to give the stimulation and to measure SEP. SEP shows that when a patient has stimulation, then somatic sensory cortex get activated. If the stimulation is turn down, SEP also gets becomes weaken.

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First, a patient is given the electric stimulation so that they can remember the strength of the feeling. This stimulation is considered 100. Then the patient is given the stimulation again. But this time a researcher keep touches her hand. Afterwards, then patient is asked to put a mark on the line to express how big the stimulation was.

【The increase-decrease rate of SEP and VAS】

During the touch, VAS of the six participants showed significant decrease. There are two cases, to be mentioned. Both of them showed decrease of VAS. However, in case A) SEP decreased. In case B) SEP increased. It was an confining result.

【Discussion】

There is a possibility that touching a patient can reduce his/her pain. It is possible to say touching can work as a pain reducer, regardless where the nurse touches. The perception of stimulation was considered to have two factors; somatic sensory and patient awareness. Effect of touching is different from person to person.

【Finding】

During the touch, the subjective sensation cased by stimulation was reduced. Touching can work differently from person to person and can have the risk of fundamental somatic sensory increased.

N_ENP Group B

October 9th, 2008

Nao Sato

We have an English class every Thursday. Last Thursday, we had the first class. In the class, we introduced ourselves about our hobbies, our department, making trips, and so on. We studied vocabulary about medical department we work. We want to enjoy and do our best in this class to be able to speak in English with foreign people.

October 16th, 2008

Yuki Kojyou

We had Ms Nambu's English class today. We learned greetings, self introduction, and some important words. It was difficult to speak with my own words.

We must build mutual trust with patients.

October 23rd, 2008

Yuko Kodama

Ms. Sato was absent from today's lesson to listen to a lecture on medical accidents. We learned symptoms and conditions in the page of lesson 3-A and 3-B. It was difficult to remember medical words. I want to be able to speak with foreign patients.

November 20th, 2008

Yuko Kodama

Today's lesson was review from the last time lesson. It was 8-A and 8-B of the text book. I was glad to hear that the teacher said "Good" when I answered the questions. To review the last time lesson helped me remembering words and phrases.

December 18th, 2008

Yuko Kodama

Today's lesson was 16-A and 16-B in the text book. We used cards in the class. I learned how to study from the class.



9 N_ENP Questionnaire result

Nurses from University of Miyazaki Hospital

N-ENP Questionnaire 10-12 semester 2008 evaluation (N-ENP group A)

1. What was the most difficult part?

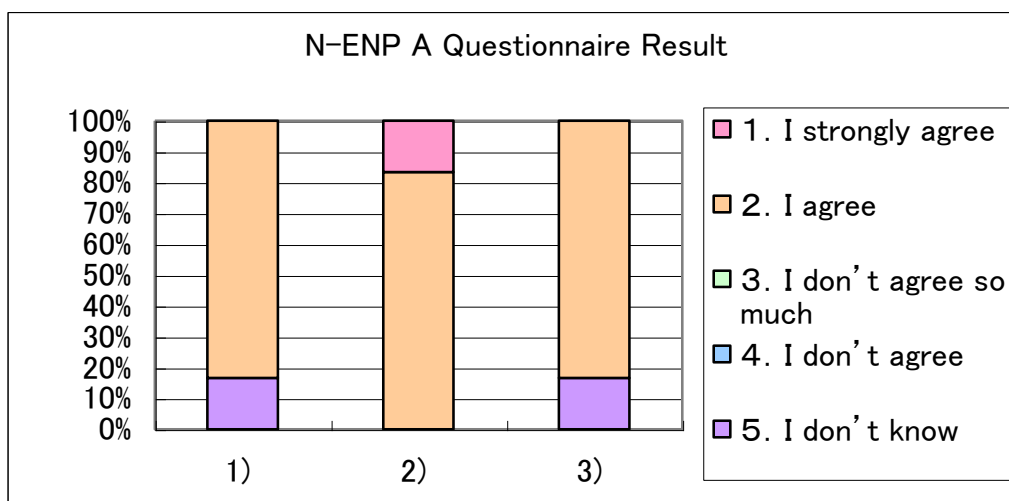
- To share my opinion. I had something to say, but I was not sure how to say it so I was confused sometimes.
- Giving a presentation and making a resume for it.
- To speak in my own words.
- Medical terms, nursing terms and writing a paper about the class.
- It was hard to prepare the final presentation and high level English was used in the class, so it was hard.
- To think about and state various English expressions in my own words.

2. What were the main problems?

- I think that I lacked the right attitude to speak with confidence even if I made mistakes. Also, when I had a chance to plan my speech, I should have checked what I would say before the presentation.
- This time, I presented about traveling. It was difficult for me to explain each place and I should have used easy sentences which everyone could understand.
- I think that everyday practice is necessary, but it is lacking.
- There are no opportunities to use medical and nursing terms in daily life.
- Lots of English medical terms.
- To think about and state various English expressions using my own words.

3. N-ENP :English ability before and after the sessions

	1) Do you feel that your English improved after you took the course?	2) Do you feel less challenged in speaking English after the course?	3) Do you feel more confident in speaking English after the course?
1. I strongly agree	0	1	0
2. I agree	5	5	5
3. I don't agree so much	0	0	0
4. I don't agree	0	0	0
5. I don't know	1	0	1



4. The problems you face with

- I should continue learning English. I tried listening to English CDs in the car on the way to the work to find something for the ENP session, but sometimes I would stop them. Also, there is no time to speak English, so I would like to make an opportunity for it.
- I feel ashamed of having the same problem, but ... I have a small vocabulary and limited grammar comprehension.
- I do not have enough vocabulary and grammar knowledge. I am also poor at medical and nursing terms.
- I do not have enough vocabulary for expression. I cannot self-study outside of the sessions.
- I am poor at English grammar after all, so I'll try to write English sentences through lots of readings.
- I am trying to make a sentence instead of just lining up words when I speak, but it is difficult for me to express exactly what I want to say in English. I cannot follow or understand fast English because I need to translate English to Japanese in my mind.

5. Mid-term Goals , Long-term Goals in the future

- To be able to introduce my wards to other people in English. To translate my project into English and be able to explain it. To participate in and give a presentation at an academic conference at the Prince of Songkla University in 2010.
- I am going to graduate school, so I would like to be able to summarize a research paper written in English.
- I like talking in Japanese, but I feel uncomfortable when I speak in English because I am stumped for words and I cannot even say 50% of what I want to say in English.
- To acquire enough English skill to take care of exchange students from the Prince of Songkla University.
- When I speak in English, I'll try to make sentences as much as I can and I'll try to understand at least a little bit of fast English.

6. What was the best part in N-ENP course?

- I was asked about my opinion many times. Also, we only used English. (Even though I did not understand what I wanted to do, I asked in English, so it was good for improving my English skill.)
- I learned about specific areas such as Obstetrics, Gynecology, and a wide variety of others.
- Every time, I talked about the given topics so I could think of what expressions worked for each scene. Also I think it was better to speak in English than studying by myself to learn various expressions.
- In every class, I could have relatively liberal conversations with my classmates. (Of course, the class would not go well without Ms. Nambu.) Also, I gave a presentation with slides. Although I had hard time with the preparation, it was fun. This time, I presented about Spain and there were many words that I did not fully understand, so I could not use them well. Even with that, it was a good experience to talk about my favorite things (other than my job). However, this class is ENP, so I want to be able to introduce my job and present about some specific parts of it.
- It was good for me to give a presentation in English and I met companions who are nurses and learning English together. Also, I was able to go to the Prince of Songkla University in Thailand.
- The practice of talking and using expressions with the class based on topics was helpful. I think an hour-and-a-half long class was appropriate to discuss with the class.
- I was able to learn about specific areas such as Obstetrics, Gynecology, and a wide variety of others. Also, assignments were given in appropriate quantities so that I had time to focus on learning the topics I wanted to learn. Also, I learned not only about one specific field, but also traveling, agriculture, cooking, training, etc., and I enjoyed learning words and expressions from them.

7. What are the things should be improved in N-ENP? (Constructive opinions are appreciated)

- If there are any techniques for expressing opinions better, I would like to know them.

- Through the discussion, I learned some styles of expression and that was very helpful for me. In the advanced course, it would be good to use textbooks written in English and read them before every lesson. In this session, I read and summarized some English articles and it was very helpful. It was not only thinking meaning, but also processing on my way. So if we do it, we will get used to read English article.
- I enjoyed this ENP session because I could speak English, but it would be better to have native English teachers in the class and more interaction with them. Also, I am not sure if it is possible, but I would like to discuss some topics... I regret that we spend most of the time on one-sided explanations from us and then checking those. Although I am not sure I could follow that, I would try to do my best if we end up doing it at all.
- To set a specific goal for the first and second semester. To attend the class with a prepared lesson every time. For the native English teachers' class, the classes should have "conversation with Medical and Nursing terms using in the hospital" and "preparation in pronunciation".
- It would be better if the session had a discussion style like Ms. Nambu's class. When I think back to the ENP class, I did not have an opportunity to speak much during class.
- There is nothing to say about this question because I do feel how much effort teachers make for our class every time. When I come right down to it, it was hard to follow because the class was too far beyond our understanding. Even so, I had a project given by the teachers and I enjoyed the session and was able to relax.

N-ENP Questionnaire 10-12 semester 2008 evaluation (N-ENP group B)

1. What was the most difficult part?

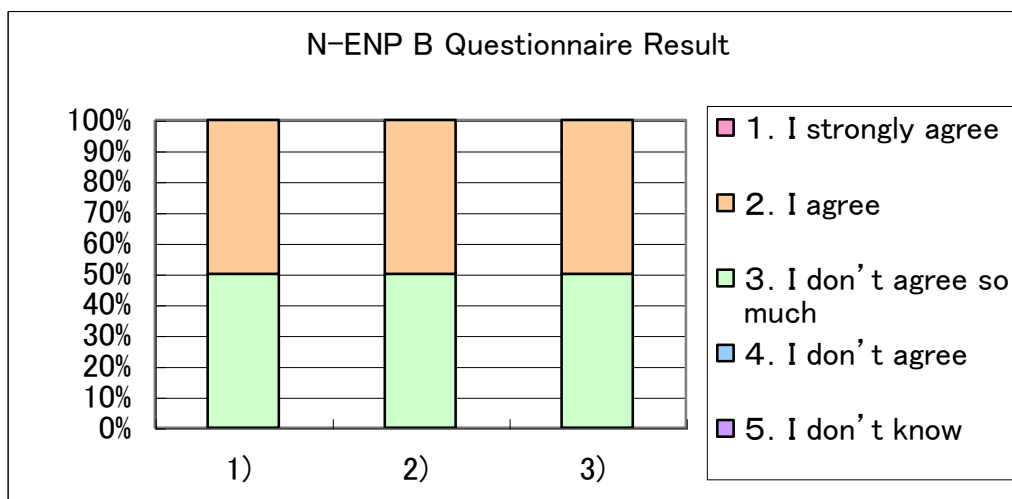
- I found that vocabulary was difficult. I remember them once, but I forgot them the next time.
- It was difficult to talk about my ideas in English. I thought I would be able to do it at first, but it was more difficult than I thought.
- Technical words in Nursing were difficult. One week passed very fast and it was difficult to study beforehand and after.
- It was difficult to put my ideas into sentences.

2. What were the main problems?

- I felt that I needed to keep studying. After all, I didn't have enough ability in English, but I didn't do any pre-study, review, or continuous study enough.
- I don't think there was a problem with the course as we had a textbook and handouts, so it was easy to study. I just found a problem with myself, namely that my English ability wasn't good enough.
- There's nothing we can do but to memorize all the technical words, so I tried to memorize words and phrases in the textbook. Before I took ENP classes, I had only listened to English conversational CD on my way to work occasionally and never had time to sit and study. However, as I wrote a report once a week after each lesson, I had more chance to study English at a regular pace. So I'm going to make use of this habit to study regularly.
- I was worried about sentence patterns. Also, I need to practice listening more.

3. N-ENP :English ability before and after the sessions

	1) Do you feel that your English improved after you took the course?	2) Do you feel less challenged in speaking English after the course?	3) Do you feel more confident in speaking English after the course?
1. I strongly agree	0	0	0
2. I agree	2	2	2
3. I don't agree so much	2	2	2
4. I don't agree	0	0	0
5. I don't know	0	0	0



4. **The problems you face with**

- I have to study continuously.
- During the course, I tended to speak Japanese so I should have tried to talk with the teachers in English more.
- My problem is remembering vocabulary. I can't come up with words when I try to express my opinions.
- At the time of this ENP session my self-study was not sufficient.

5. **Mid-term Goals , Long-term Goals in the future**

- To improve listening skills. To be able to speak with foreign patients. To be able to read academic papers. To be able to carry out daily conversation.
- To be able to understand English music and English movies without subtitles. To be able to talk with foreigners.
- Mid-term Goal: To learn from the textbook we used in the course and memorize phrases that are commonly used. To choose one movie from Press publications and remember phrases.
Long-term Goal: To improve listening skills and to be able to understand Doctor and ER that we got from Mr. Tamada. To participate in the advanced ENP course.
- To be able to use English while I work as a nurse. I'd like to have the ability to participate in overseas training in a hospital.
- To practice listening as a self-study.

6. **What was the best part in N-ENP course?**

- I learned how to study English. I also learned medical English, greetings, and words related to the field.
- I don't feel my English ability improved, but I feel that I'd like to continue studying. I also got used to talking with foreigners in English through talking with native teachers.
- It was fun learning English and I came to feel that I'd like to keep studying.
- I was able to talk actively in English.

7. **What are the things should be improved in N-ENP? (Constructive opinions are appreciated)**

- One hour passed very quickly. I appreciated having reviews of the previous lessons, but there wasn't enough time in the class. There's a textbook to follow and I appreciate that the teachers taught and explained in Japanese, but it would be better if the teacher taught us in English. I would probably feel nervous, but I would be able to switch to English more easily.
- The class was based on the textbook, but we tended to run out of time and didn't finish the chapters.
- One hour passed quickly. The number of the people in the class was just right. This is not about course improvement but I'd like to know which standard I should meet to move onto the next class. If there is an indication or a set standard, please let us know.

III It has been 4 years since we started the EMP program...

TAMADA, Yoshiyuki

This is the report of the EMP program for the latter half of the 2008 fiscal year.

The Faculty of Medicine, University of Miyazaki (UOM) and Prince of Songkla University (PSU) in Thailand, agreed on a student exchange program in March, 2005. Four 6th-year students attended a one-month clinical clerkship program at PSU. The EMP project was started as a preparatory short English training program for the clinical clerkship. EMP, an acronym for English for Medical Purposes, derives from ESP (English for Specific Purposes), a teaching method designed for motivating English learners by providing with clear goals. The program is conducted as an elective subject in the curriculum to improve the students' English communicative skills for their overseas clinical training.

On December 14, 2005 the English Department presented a proposal for a program for 4th year and 5th year students to the Faculty. The Faculty approved the proposal.

The proposed plan was for four teachers in the English Department to conduct a short English program for students by inviting medical doctors from PSU and the University of California, Irvine (UCI), sponsored by the Special Budget for Educational Strategy. Professor MARUYAMA (Applied Physiology) is a mediator for PSU, Professor IKENOUE (Obstetrics and Gynecology) for UCI.

The program has four aims:

- 1) Students will be able to get more out of their overseas program; it will be a more rewarding experience for them.
- 2) If the program is regularly integrated into the curriculum (from 1st year through to graduation), students in the earlier years will have more motivation and encouragement to study English.
- 3) If postgraduate overseas training can be provided to interns, the University Hospital may be able to keep more interns.
- 4) Educational enrichment of students and their positive accomplishments through the program will make outside grants possible.

2008 was the 4th year since we started the EMP program.

We have made the best use of a grant (the "Good Practice" grant) from the Ministry of Education, Culture, Sports, Science and Technology. "Developing medical workers with a multilateral international perspective," our EMP project, was selected as a "Support Program for Distinctive University Education 2008."

We have extended our program to ENP (English for Nursing Purposes) for nursing students, N_ENP (ENP for nurses in the University Hospital), and next year we plan to start the EMP for office workers of the Faculty of Medicine, including the University Hospital. As well, the School of Medicine will start a student exchange with UCI, and the School of Nursing will start a formal student exchange with PSU.

We greatly appreciate the cooperation of faculty members, including the clinical doctors and office workers who annually welcome exchange students.

Though much is to be done every year, I sincerely hope we are able to continue our efforts.

March 30, 2009

Tama



2009年3月末作成