

Bhavin Kawa: Juntendo University Hospital Elective Report

Healthcare costs in Japan are partly subsidised by the government, they pay for 70% of the costs and the patient is then responsible for the remaining 30%. This is considered the public health insurance, additional insurance is commonly provided by employers or by local governments. The latter is typically aimed at the self-employed and students. Paediatric healthcare costs are entirely covered by the government.

I spent two weeks at the paediatrics department in Juntendo University Hospital, which is a large teaching hospital and medical school in Tokyo, Japan. The paediatrics department is of considerable size, which contains a modest neonatal care unit and paediatric surgery department. I had chosen to do my elective period in this department because of the large number of referrals the department receives from neighbouring hospitals; this allowed me to see a vast array of unusual and complex cases in paediatrics which I would not have otherwise been able to clinically observe as a student in the UK.

The day starts at 9am with a team meeting during which all current in-patients are discussed. This is quite similar to the 'board round' conducted at the start of the day in the UK. However there are a few notable differences. The patients' notes are entirely electronic therefore the morning meeting is conducted in a seated room with a projector. The patients clinical observations are displayed in line-graph form on a timeline which is plotted automatically by daily entries, the drug chart is also electronic and overlays with the clinical observations. After all patients are discussed a ward round is commenced where the entire team visits each patient's bed and conducts a brief focused physical examination.

The first half of my elective was with the general paediatric group which comprised of 7 senior doctors with a variety of subspecialties including gastroenterology, endocrinology, neurology and nephrology. I was fortunate to see a variety of cases and clinical signs I had not observed before, such as the classical seizure of a West Syndrome patient, a rare initial presentation of intussusception in a child with Henoch-Schönlein Purpura and the complex endocrinological investigation of hypospadias. My time here has made me appreciate the wide diversity cases in of paediatric medicine. In my final day with the general paediatric group I joined a music therapy session for the children. It is an hour long session held in the play room by a music therapy specialist. A number of instruments are brought along, such as various drums and tambourines. Songs are sang and music games are played. Later a discussion with the doctors revealed that the therapy has psychotherapeutic benefits. I was happy to see children show energetic enthusiasm during the session and they even politely exchanged instruments with each other in between songs and games!

In my final half of the elective I spent time with the paediatric cardiology team, the neonatal team and the paediatric oncology team. Paediatric cardiology was a new experience for me as I had not been exposed it the speciality outside of text books in the UK. Juntendo has a large paediatric cardiology team with weekly cardiac catheter procedures. I was astonished to see every congenital cardiac disease which I had studied in the UK. Attending catheter labs allowed me the opportunity to see the anatomical defects myself and attempt a spot diagnosis. Kawasaki disease is a good example of a common condition in Japan which is relatively uncommon in the UK. I was very grateful to be taught the diagnostic approach to the condition and the monitoring of coronary aneurysms which can be a complication of the disease.

In conclusion, my elective has allowed me to experience hospital medicine on the other side of the world. Although there was a language barrier between my colleagues and myself, every effort was made by English speaking doctors on each team to keep me involved. The unique Japanese culture was evident throughout the hospital and has opened my eyes to alternative approaches to medical training and team dynamics.