

将来の医療人に必要な外国語教育について

“なぜ臨床医にとって外国語学習が  
必要か？”

福島県立医科大学 総合内科・臨床疫学分野

會田 哲朗



# なぜ臨床医にとって外国語学習が必要か？



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# なぜ臨床医にとって外国語学習が必要か？

## 臨床医としての責務

- 世界レベルの**標準医療**を住民に届ける
- **当たり前前**のことを**当たり前前**に高いレベルで提供する
- 良好なコミュニケーションをもって**患者中心の医療**を提供する

実践するには、**“生涯学習”**，

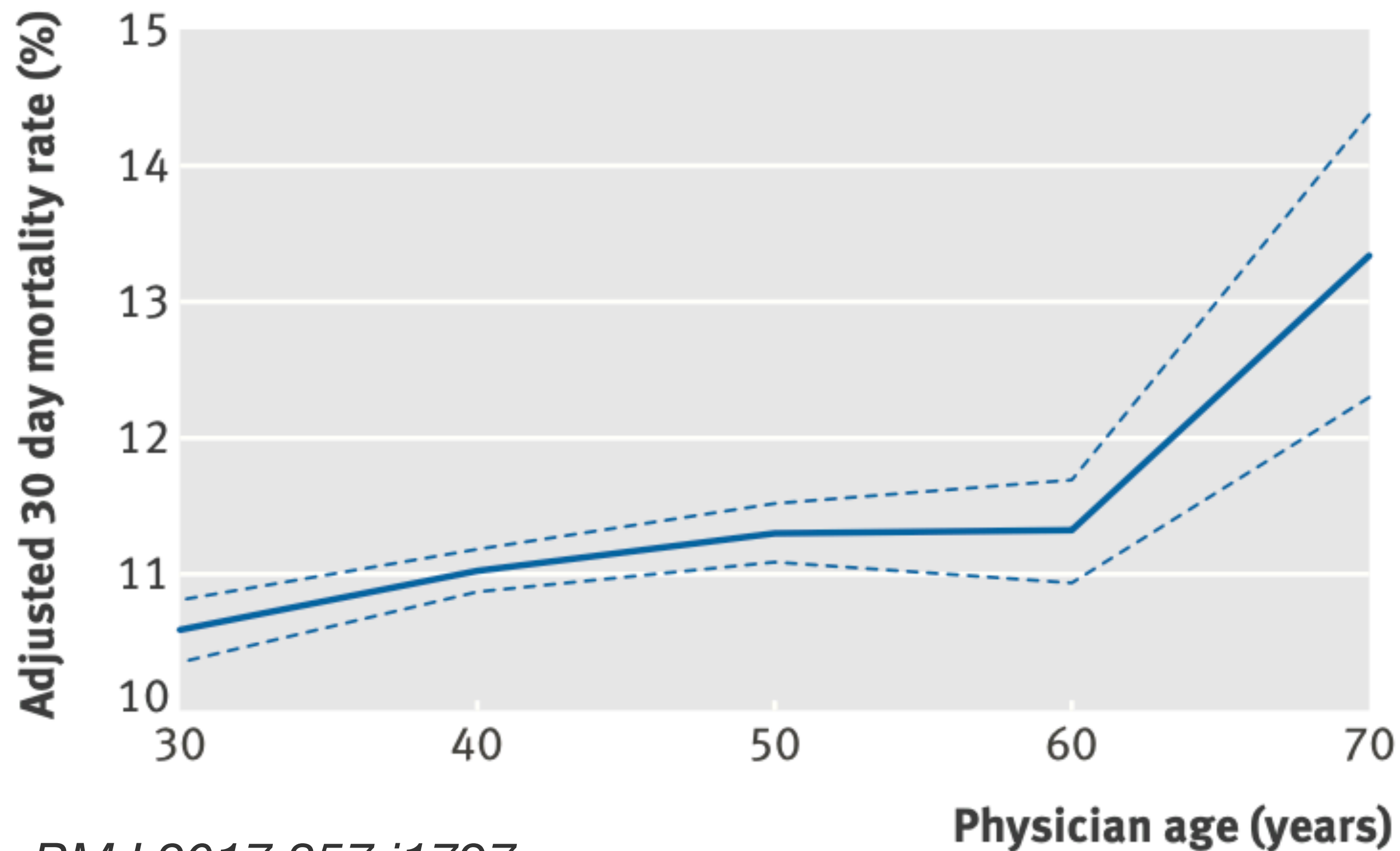
**“コミュニケーション能力”**が必要不可欠！



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# なぜ臨床医にとって生涯学習が必要か？

## 診療医師の年齢と患者の死亡率との関係



- 医師は勉強し続ける必要がある。

BMJ 2017;357:j1797



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# なぜ臨床医にとって生涯学習が必要か？

## エビデンスは日進月歩

エビデンスが2倍になる期間

(推定)

1950年：50年

1980年：7年

2010年：3.5年

2020年：73日

・医師は**スピード感**を**持って勉強し続ける**必要がある。

・エビデンスとして世に出るのはほとんどが**英語論文**

# 生涯学習を続けるために外国語学習は必要？

今日の臨床サポート®

すべて ▼ 検索



厚生労働省委託事業

公益財団法人日本医療機能評価機構

Minds ガイドラインライブラリ

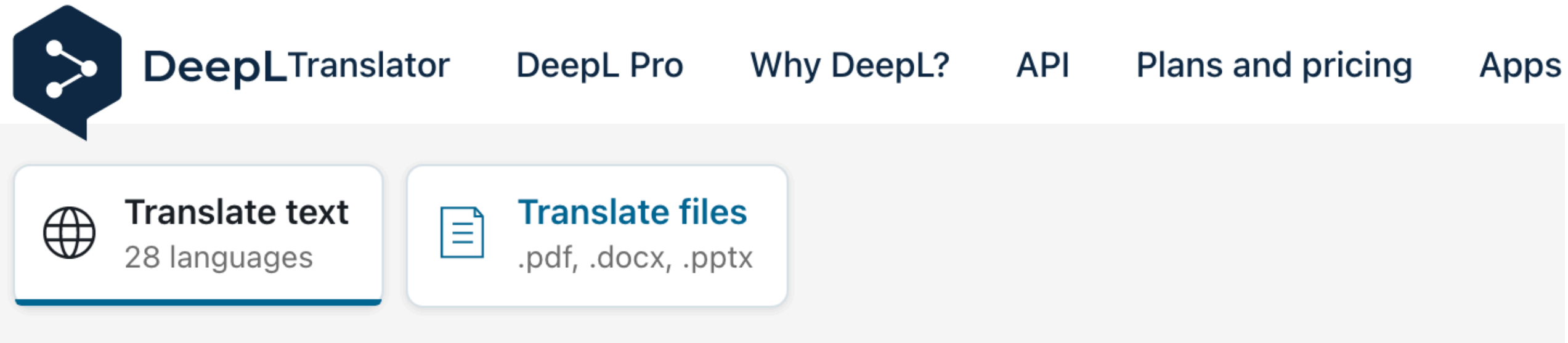


日本語でも最近には様々なコンテンツがあり、  
教科書も良書が多い。



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# 生涯学習を続けるために外国語学習は必要？



機械翻訳も発展著しい！

Grammarly, Inc.  
Software company



学習の“質”，“量”を  
上げるために英語は必要！

Linguee

English-Japanese Dictionary.  
Search 1,000,000,000 translations.



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# まとめ：なぜ臨床医にとって外国語学習が必要か？

臨床医として

質の高い生涯学習を行い、

良好なコミュニケーション能力を持ち、

診療を実践するための強力なツールが

”英語”を含めた外国語



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# 私が外国語学習の重要性に気づいてからの実践



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# 私と英語学習の出会い

## 学生時代

- 英語で解答すると点数アップ
- 医学英単語を暗記
- 総合内科医になるために  
研修病院へ。

試験が全部英語だったので勉強開始。  
アウトプットは皆無…



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# Culture shock

## 研修医時代

**Case conference**  
A 74 Year-Old Woman  
with generalized weakness and leg edema

PGY-2 Tetsuro Aita

- 先輩, 同期, 後輩が英語でのアプトプットを上手にできていて衝撃
- カンファレンス, 回診も英語で
- 英語論文で議論するのは当たり前



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# 臨床医としてのBreakthroughを目指して

## young staff時代

- ・ 濱口先生から医学だけではなく英語学習の楽しさ, 奥深さ留学から学べることなど様々なことを学ぶ.
- ・ IELTSの勉強開始.

International <img alt="share icon" data-bbox="530 705 545 735"/>  
English  
Language  
Testing  
System

**IELTS**<sup>TM</sup>  
English for International Opportunity





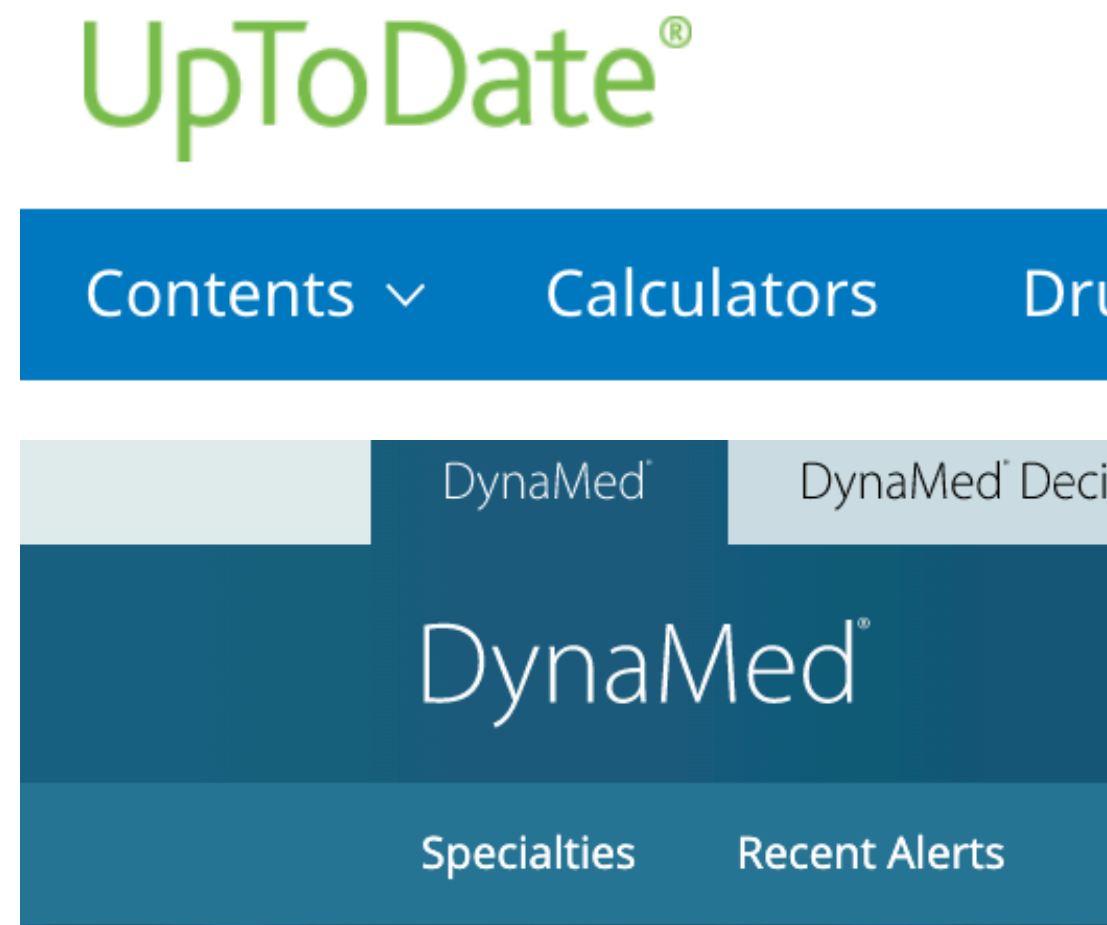
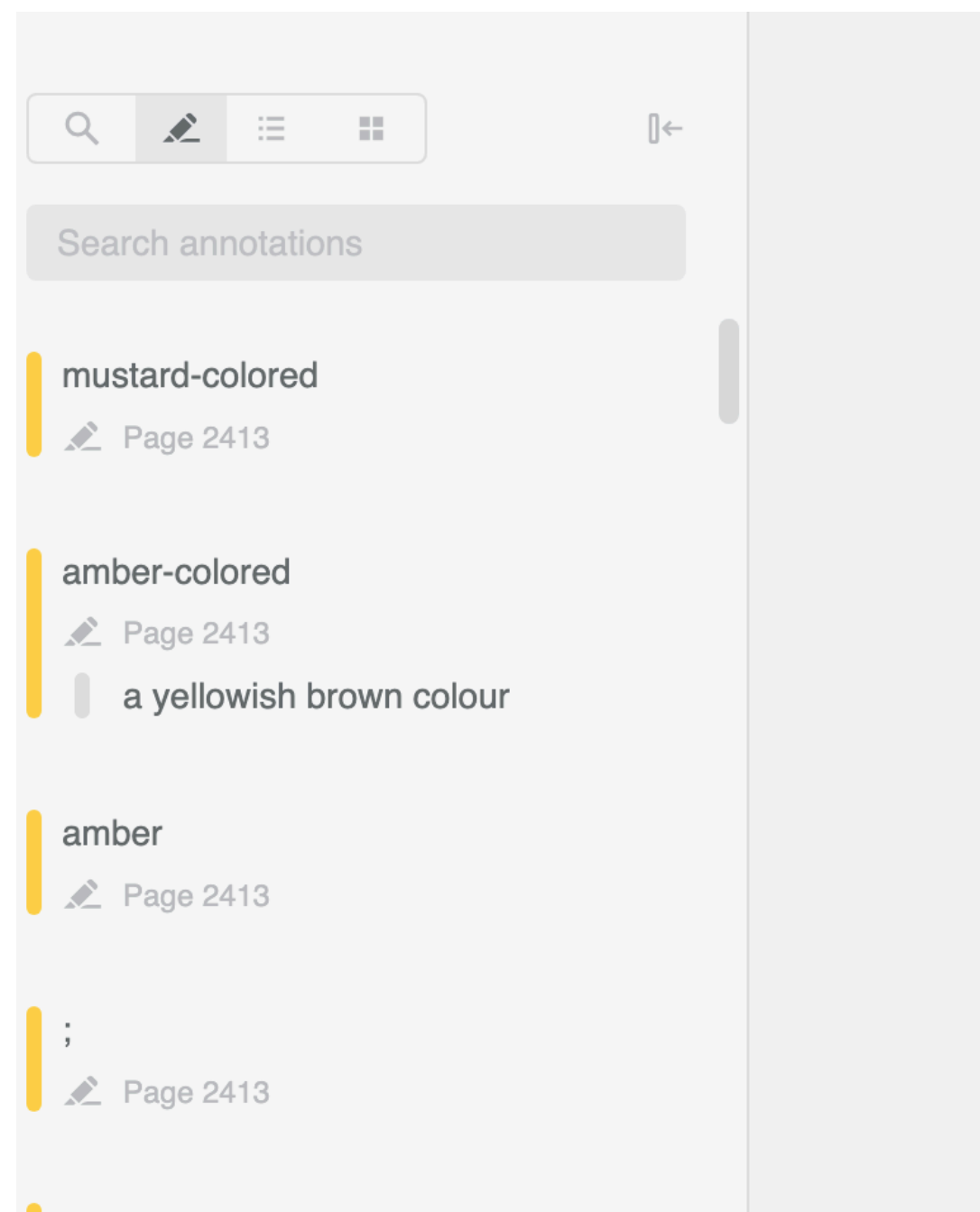
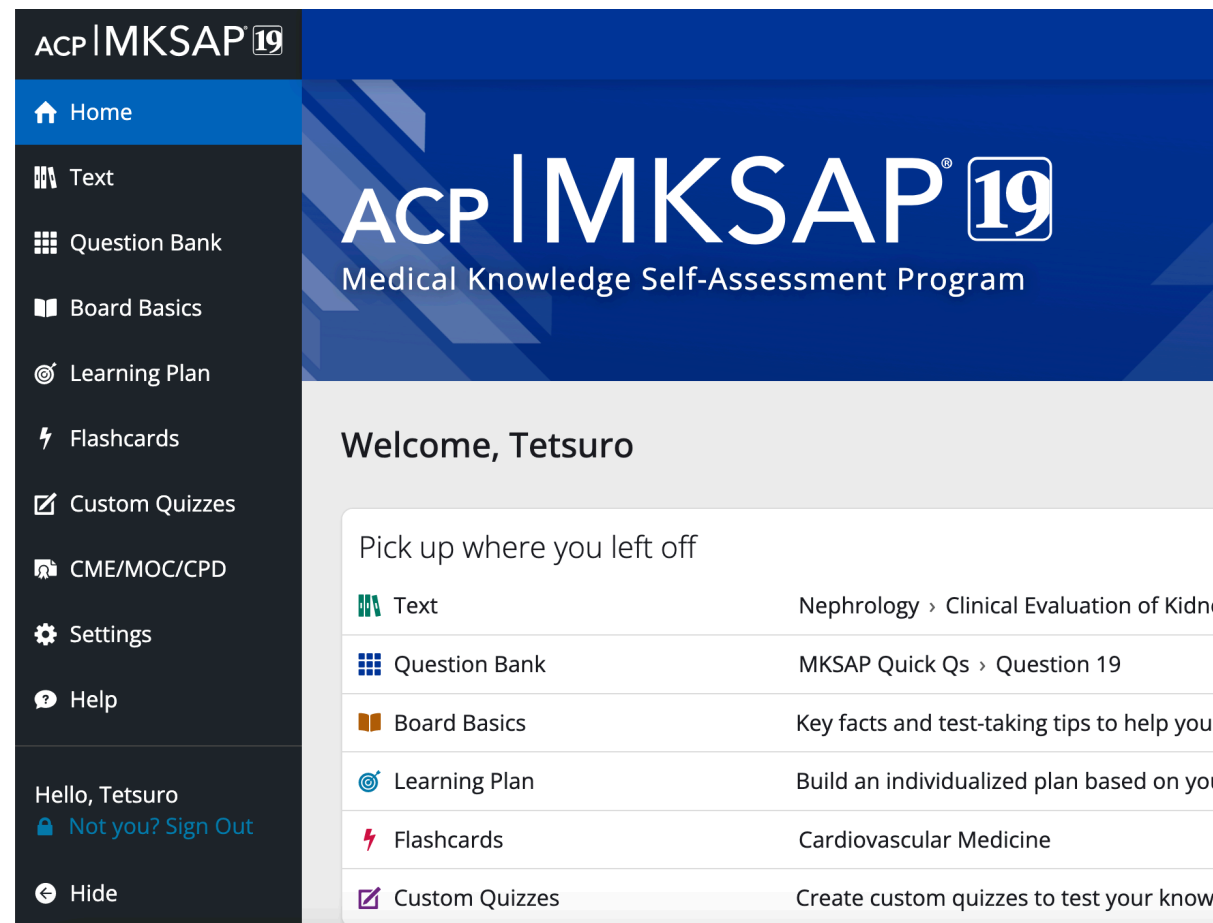
# English in Medical Education ・ 生涯学習における私の英語学習の実践



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# Reading

Journal of Medical Academics 2.2 (2019): 58-60.



## CASE RECORDS of the MASSACHUSETTS GENERAL HOSPITAL

Founded by Richard C. Cabot  
Eric S. Rosenberg, M.D., Editor  
David M. Dudzinski, M.D., Meridale V. Baggett, M.D., Kathy M. Tran, M.D.,  
Dennis C. Sgroi, M.D., Jo-Anne O. Shepard, M.D., Associate Editors  
Emily K. McDonald, Tara Corpuz, Production Editors



### Case 19-2022: A 29-Year-Old Woman with Jaundice and Chronic Diarrhea

Jon S. DuBois, M.D., Avinash Kambadakone, M.D., Jennifer Y. Wo, M.D.,  
and M. Lisa Zhang, M.D.

#### PRESENTATION OF CASE

Dr. Jon S. DuBois: A 29-year-old woman was evaluated in the gastroenterology clinic of this hospital for the management of a soft-tissue mass in the head of the pancreas.

The patient had been well until 7 weeks before this presentation, when progressive pruritus throughout the body developed, along with nausea, bloating, and watery mustard-colored diarrhea. She had eaten sushi for dinner the previous night. She was evaluated in an urgent care clinic in the southeastern United States; she had recently moved there from New England. An injection of methylprednisolone was administered, and hydroxyzine and diphenoxylate-atropine were prescribed. During the next 3 weeks, the symptoms did not abate and jaundice developed, along with new discomfort in the right upper quadrant of the abdomen, decreased appetite, and amber-colored urine.

Four weeks before this presentation, the patient was evaluated in the emergency department of a local hospital. The alanine aminotransferase level was 327 U per

From the Departments of Medicine (J.S.D.), Radiology (A.K.), Radiation Oncology (J.Y.W.), and Pathology (M.L.Z.), Massachusetts General Hospital, and the Departments of Medicine (J.S.D.), Radiology (A.K.), Radiation Oncology (J.Y.W.), and Pathology (M.L.Z.), Harvard Medical School — both in Boston.

N Engl J Med 2022;386:2413-23.  
DOI: 10.1056/NEJMcp2201231  
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CME  
at NEJM.org

## Reading skillは全ての基本

### ・米国内科専門医の問題集

### MKSAPを利用

### ・発見的検索はUpToDate,

### Dynamed, Google

### ・臨床推論はNEJM case

### recordなど



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# Listening

*Journal of Medical Academics 2.2 (2019): 58-60.*



The Clinical Problem Solv...  
Updated Friday



NEJM This Week — Audio...  
Updated Wednesday



## Listeningでinputを加速

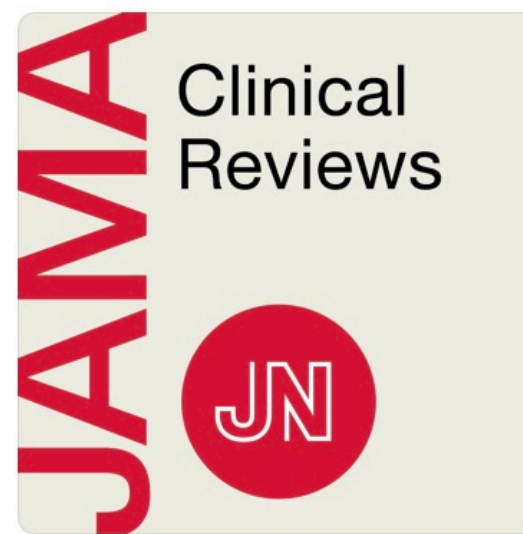
- Podcastで通勤中に情報を得る
- Harrisonで短めの音源で学習
- JAMA clinical review, Core IM, CURB SIDERSは臨床の特集
- The Clinical Problem Solvingは臨床推論

## Solvingは臨床推論

- youtubeでも色々学習可能



Core IM | Internal Medicin...  
Updated Wednesday



JAMA Clinical Reviews  
Updated July 15



The Curbsiders Internal M...  
Updated Monday



Harrison's PodClass: Inter...  
Updated June 21



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Case report



## Idiopathic multicentric Castleman disease preceded by cutaneous plasmacytosis successfully treated by tocilizumab

Tetsuro Aita, Sugihiko Hamaguchi, Yoko Shimotani, Yohei Nakamoto

Department of General Internal Medicine, Fukushima Medical University, Fukushima, Japan

Correspondence to Professor Sugihiko Hamaguchi; fmu-gim@fmu.ac.jp

Accepted 5 October 2020

### SUMMARY

A woman aged 45 years with a 1.5-year history of violaceous plaques on the forehead and chest presented with fever, weight loss and aggravation of the plaques. Inflammatory markers and interleukin-6 level were elevated, and superficial lymphadenopathies and splenomegaly were identified by CT scan. Immunohistochemical findings of the lymph node and the skin showed polyclonal plasmacytosis and follicular hyperplasia, leading to the diagnosis of idiopathic multicentric Castleman disease (iMCD) after human herpesvirus-8 infection was excluded. The patient was successfully treated with anti-interleukin-6 receptor antibody, tocilizumab, following relapse after prednisolone therapy. Our literature review found 11 case reports of pathologically confirmed iMCD preceded by cutaneous plasmacytosis. The median duration of asymptomatic phase with only skin lesions was 7.5 years, whereas the phase lasted only for 1.5 years in our case. iMCD can develop shortly after asymptomatic cutaneous plasmacytosis. Tocilizumab can be a treatment of choice for this type of iMCD.

### BACKGROUND

Multicentric Castleman disease (MCD) is a polyclonal lymphoproliferative disorder characterised by multiple lymphadenopathies with systemic inflammatory symptoms. The disease is classified according to the presence or absence of human herpesvirus-8 (HHV-8) infection: MCD for the presence and idiopathic MCD (iMCD) for the absence.<sup>1,2</sup>

Although it is rare, skin manifestation such as violaceous plaques can be associated with iMCD, and such associated cases have been mostly reported from Asian countries with a histopathological finding of cutaneous plasmacytosis.<sup>3</sup>

Long-term asymptomatic phase with only cutaneous manifestations before the development of systemic inflammatory symptoms of iMCD has been reported in a small number of cases. Furthermore, the role of tocilizumab for the treatment of iMCD with cutaneous manifestations still remains empirical. Accumulation of cases is required to elucidate characteristics and natural history of iMCD.

We here report a rare case of iMCD along with literature review.

### CASE PRESENTATION

A 45-year-old woman was referred from the dermatology department of our hospital because of fever, weight loss and general malaise of 1-month duration. One and a half years previously, she noticed multiple small violaceous plaques on her forehead and chest. The plaques were neither painful nor pruritic. Half a year later, the plaques became more violaceous, increased in number and spread to the abdomen. Skin biopsy of the plaque showed infiltration of lymphocytes and plasma cells, and immunohistochemical study excluded malignant lymphoma. She was treated with topical steroid and phototherapy by excimer light, which did not improve the plaques.

About 1 month before the referral, she developed a low-grade fever and general malaise. The fever occasionally worsened to a high-grade fever 1 week previously and she lost 5 kg of body weight in 1 month.

On physical examination, the body temperature was 37.1°C. There were 5–10 mm violaceous plaques on the forehead, chest, abdomen, back and extremities (figure 1). Painful lymph nodes of 1–2 cm in diameter were palpable in the cervical, axillar and inguinal regions. The remainder of the physical examination was unremarkable.

### INVESTIGATIONS

Laboratory results were significant for anaemia (haemoglobin 86 g/L), elevated liver enzymes (alkaline phosphatase: 605 IU, aspartate transaminase: 318 IU and alanine transaminase: 346 IU), polyclonal hypergammaglobulinaemia (immunoglobulin G (IgG): 3515 mg/dL, IgA: 393 mg/dL and IgM: 370 mg/dL), high inflammatory markers (C reactive protein: 12.6 mg/dL and erythrocyte sedimentation rate 65 mm/hour) and elevated interleukin-6 (IL-6: 111 pg/mL; normal range: <5 pg/mL). Serum IgG subclass 4 concentration and Ig κ/λ free light chain ratio were normal. Tests for HIV and PCR for HHV-8 were negative. Antinuclear antibody, rheumatoid factor and anti-Ro/SSA and anti-La/SSB antibodies were all negative.

CT with contrast enhancement revealed multiple swollen superficial lymph nodes of 1 to 2 cm in diameter and splenomegaly. Positron emission tomography CT (PET-CT) showed increased uptake in the cervical, axillary and inguinal lymph nodes, the sternum, the vertebrae and the pelvic bone (figure 2).

# Writingでoutputのトレーニング

## Case report

### ・臨床医として経験した症例を報告



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young children. Clin Infect Dis 2020; ciaa1612. doi:10.1093/cid/ciaa1612.

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Correspondence: Z. Haddadin, Vanderbilt University Medical Center, Division of Pediatric Infectious Diseases, 1161 21st Ave South, Medical Center North D7232, Nashville, TN 37232 (zaid.haddadin@vumc.org).

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## Blood Culture Procedures in a Busy Emergency Room: Balancing or Biasing Groups During Randomization

TO THE EDITOR—We read with great interest the article recently published by Zimmerman et al, “Modification of Blood Test Draw Order to Reduce Blood Culture Contamination: A Randomized Clinical Trial” [1]. This article demonstrated reduced contamination during blood draws by using a sterile, nonculture tube before using a culture bottle, compared to using them in a converse order, because the blood in a venipuncture needle’s tip can hold deep-seated skin bacteria even when using a sterile technique. The authors performed a post hoc analysis using a subgroup and showed no baseline differences because there were differences in patient background characteristics between the 2 groups despite randomization. The control group patients were significantly older, more likely to be transferred from chronic care facilities, and more frequently admitted to the intensive care unit than those in the intervention group. We would like to make 2 suggestions for avoiding possible bias and for better randomization.

First, there is a possibility of selection bias due to inadequate allocation concealment during randomization. Although it is recommended that researchers use sequentially numbered, opaque, sealed envelopes for allocation concealment [2], the method adopted in this study may not have been as random because the authors described only “sealed identical envelopes chosen randomly by the phlebotomist.” Conventional techniques may be preferred to new and unfamiliar techniques in a busy emergency room. Envelopes with imperfect opacity or no sequential numbers can lead to manipulation by holding them against a light source or opening many envelopes until one finds the conventional technique [3]. Therefore, the allocation can be intentionally impaired, depending on the patient’s conditions or circumstances. Proper concealment methods should, therefore, be described in this study.

Second, there is another possibility of selection bias due to a lack of central randomization. On opening the envelope, the phlebotomist would have known which procedure is to be performed before attempting skin sterilization for a venipuncture, possibly leading to manipulation of the sterilization procedure. Central randomization can minimize selection bias [3]. If a third party opens the envelope and indicates the procedure, following sterilization by phlebotomists, then such selection bias can be prevented.

We believe that preventing these selection biases will reduce unexpected differences in background characteristics between the 2 groups after randomization in this study. We hope that our suggestions will lead to better randomized controlled trials with adequate allocation to address this important challenge in reducing blood culture contamination.

### Note

**Potential conflicts of interest.** The authors: No reported conflicts of interest. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest.

Tetsuro Aita,<sup>1,2</sup> Sugihiko Hamaguchi,<sup>1</sup> Hiroaki Nakagawa,<sup>1</sup> Sei Takahashi,<sup>1,2</sup>

## Letter

- 世界の臨床医と論文を通じてコミュニケーションが可能
- 良いレスポンスを得られると嬉しい



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## コミュニケーションをとるには スピーキングが重要

- ・話せないと自分の考えや気持ちを伝えることは困難.
- ・オンライン英会話の充実があり、日本にいながら学ぶことが可能.





# Speaking ~Clinical~

## 沖縄ではたくさんの外国人患者を診療

- ・ 沖縄県はNaval hospitalもある
- ・ 観光客はH30年で1千万人を超える



## 福島でも外国人患者を診療

- ・ 外国人技能実習

○監修・協力：沖縄県立中部病院 感染症内科（医師） 高山 義浩 氏

○執筆：沖縄県立宮古病院 国際診療室 池原 啓介 氏

（執筆部分：「外国人患者を安心・安全に受入れるために知っておきたいこと」）

沖縄県立中部病院 感染症内科（医師） 横山 周平 氏

（執筆部分：「感染症が疑われる患者が受診した場合の留意点」）

有限会社くすりのミドリ・ミドリ薬局 代表取締役（薬剤師） 玉城 武範 氏

（執筆部分：「外国人患者を安心・安全に受入れるために知っておきたいこと（保険薬局編）」、  
「外国人患者対応会話集（保険薬局編）」の一部を加筆）



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# Speaking ~Academic~

PGY2の時の初めて学会発表

~PGY10でAsiaでBest presentation award



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# Speaking ~Academic~

## OnlineでMasterも取得可能



Home / Study with us / Courses / Master's degrees / Epidemiology by Distance Learning

## Epidemiology by Distance Learning

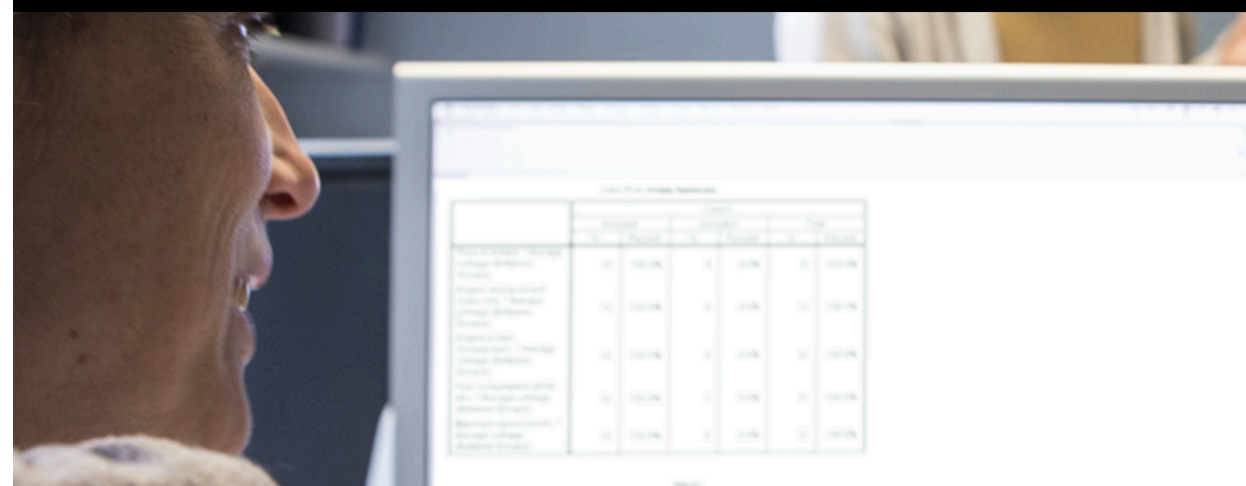
(Certificate, Diploma and MSc)



Utrecht University

### Masters

Master's programmes Compare Master's programmes General information



Epidemiology

Imperial College London



Cancers and heart disease could be diagnosed more easily with new rapid test



Imperial Athena S

Study Research & Innovation Be Inspired About

News What's on Give

### Postgraduate

Courses for 2022-23 Why Imperial? Accommodation Campus life Living in London Applying Fees and funding

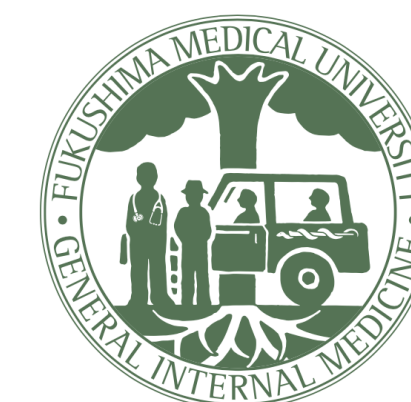
#### Courses for 2022-23

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Faculty of Medicine COVID-19 response

## MSc Patient Safety



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# 私が考える学部外国語教育（私見）

- 症候論などを一部英語で行ってもいいかもしれない。
- 学部早期より二次文献など英語で調べ、単語に慣れる。
- 英語での試験問題もあった方がよい。（国試でも出題。

USMLEやMKSOAPには良問あり）

- medical termを英語で書くと点数up.
- 学部時代から英語でプレゼンする機会を。
- 英語学習の楽しさを伝える。



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# Take home message

- ・臨床医として

質の高い生涯学習を行い、  
良好なコミュニケーション能力を持ち、  
診療を実践するための強力なツールが”英語”

- ・“英語”を学ぶことでより

楽しく”診療”を行い、自己研鑽も行うことができる！

