

## NYC program report

I had such a wonderful experience through this program. We left Komatsu airport in the morning of August 12nd, transferred to Taipei, and finally arrived New York city at midnight of August 12nd. On the 3rd to 5th day of arrival, we had a medical English course at Pace university to get prepared for medical interview coming on that weekend. Our teacher was Professor Tony Errichetti, a psychiatrist and a board of medical examiners. We played a role as a doctor, observer, and a patient. During the class, he taught us English vocabularies, words and phrases which are related to medicine. It was interesting to me to know that there are some cultural differences in US. and Japan. In the United States, a doctor and a patient sit straight in line, facing each other and making eye contact. In Japanese medical school, we learned that doctors should not face to the patients in the way which American doctors do, because making a direct eye contact would make the patients feel uncomfortable. After the English class, we met a Broadway actress Minami Yusui and took session. Minami is from Kanazawa and Izumigaoka high school which I went too. She told us to be brave making steps and listen to our heart. Also, she gave us some phrases; step out of your comfort zone, sky is the limit, and celebrate your every victory. After taking her session, I tried to speak to strangers and make conversation with them. Though this 2 week, I got to know a few strangers; one is a man whose name is Saweed, he works at drugstore. The other one is Frankie who works at the Edge, which is a sightseeing spot. He offered to take a picture of us, and conversation started. Finally we got connection with Instagram.

On day 6, we visited Phelps hospital and all the residents had a ACLS training while students took the BLS training in English. I have experienced ACLS several times in Japan, but it was difficult for me to proceed that training in English. Paramedic officer Chad taught us during the training. We experienced five or six scenario and I noticed that in some of the scenario, patients took medication from paramedics and paramedics were very helpful in diagnosis and treating patients. This is a difference between Japanese and American medical system. American paramedics are well trained so that patients are able to get good medical care. The simulation room had quite high-tech mannequins and monitor that we can know that patients have cyanosis and fine crackles, which I thought very impressive.

One of the biggest and most important days of this program, we had simulation training with standardized patients at Pace university on day 7 to 9. We separated in pairs and experienced many patients with various chief complaints. I was grateful to get feedback from the patients and observers that I paired with. As I had an experience to live in the U.S. for 1 year of exchange ten years ago, I was more confident in speaking English more than other students. However, my English skill hasn't improved since then so getting feedback would allow me to move forward and improve my English more.

Day 10, 11, and 12 were shadowing days to visit Japanese doctors in New York city. I visited Dr. Satoko Kanahara's clinic called "Community Healthcare Network", which is located south Bronx on day 10 and 11. Dr. Kanahara is specialized in internal medicine and pediatrics. She has a lot of patients and it is very difficult to get her appointment because she has full schedule until November. One of the most interesting things I observed was that she saw some of the patients online, while she was in the clinic the patients were in their house or Miami for vacation. In Japan, it is not common because of law that doctors have to see patients in person every time. Also, doctors in U.S. prescribe medicine online so that patients can get medicine anywhere and that's how online medical treatment works. During the shadowing, Dr. Kanahara saw patients who are HIV positive. I have never seen patients who have HIV so this experience gave me the thoughts that HIV patients exist in real and HIV screening is necessary. Because she works in the clinic that government grants money to see patients who are not wealthy and don't have good insurance, there were many immigrant patients who speak only Spanish. She spoke Spanish as well, and sometimes used interpreting service that was available in any languages and she could connect from the phone that are placed in each examination room. I thought that service is very helpful to make a good understanding and relationship with patients, especially in the U.S, where people have many different backgrounds and languages. We should prepare that service in Japan as well because we see more people from other countries nowadays in Japan.

In the rest 4 days, we met Dr. Morishita who is a researcher and works at Mt. Sini. Also, we met Dr.Kita who works for United Nations. Dr.Kita taught us his experiences in the U.S. and how it is to work for health care. It was great opportunity.

I am very thankful to Professor Andrew Schneider and resident center for organizing this program. Each of us had a role such as shikishi or omiyage leaders and by working together, we made a good connection and made this trip even more special and meaningful.