

## **Through the New York Training**

The two-week English training in New York was an extremely valuable learning experience for me. It was the longest time I had ever spent living abroad and the most exposure I had ever had to the English language. To begin with, I am not good at English. In fact, I am not just bad at it—I hate it. To give you an idea, English was the subject I struggled with the most in my university entrance exams, and when I read English papers, I often just copy and paste the text into a translation site. Needless to say, I'm completely lost when it comes to speaking English. With that in mind, let me describe how I tackled this training.

### **1.1 English Training at Pace University**

At the beginning of the training, we had English lessons at Pace University aimed at learning medical terminology and improving communication skills in a medical setting. A key focus was not just on improving language skills, but also on enhancing non-verbal communication and comprehension, which are essential in conversations.

### **1.2 ACLS Training at Phelps University**

After the English training at Pace University, I had the opportunity to take ACLS (Advanced Cardiovascular Life Support) training at Phelps University. This training

covered how to respond to emergencies such as cardiac arrest and myocardial infarctions, aiming to strengthen our emergency response capabilities. ACLS is a program designed to equip medical professionals with advanced knowledge and skills needed in emergency medicine, and the training placed great emphasis on hands-on practice through simulations.

In this training, we had to follow specific instructions and procedures in English, requiring us to understand and apply medical terminology and technical content in real-time. It was particularly challenging for me to accurately comprehend instructions in English and then quickly and appropriately respond to the scenarios. I encountered many technical terms during this training, and practicing them in simulation deepened my understanding further.

One of the most surprising aspects of this training was discovering that drug names used in Japan and the U.S. differ. For example, what is commonly called adrenaline in Japan is referred to as epinephrine in the U.S., which initially confused me. Moreover, compared to ACLS training in Japan, the U.S. version covered more specialized content, with a greater emphasis on detailed procedures and advanced techniques during emergency responses.

### **1.3 Medical Interview Training at Pace University**

Returning to Pace University, we participated in practical medical interview training.

Here, we simulated real medical interview situations to further develop our communication skills with patients. We practiced interviewing with simulated patients, played by local professionals, which helped enhance our English proficiency in more realistic settings.

In this training, there was a strong emphasis on accurate grammar and pronunciation.

Additionally, I was able to improve my understanding of non-verbal cues from patients, as well as my skills in building rapport and trust through effective communication.

### **1.4 Shadowing in a Real Medical Setting**

In the latter part of the training, I had the opportunity to shadow in actual medical settings. I was assigned to Dr. Anzai and Dr. Rebarber, both local obstetricians and gynecologists. I observed the daily operations alongside the local medical staff, experiencing firsthand how the medical process works. Both the doctors and patients were very friendly, and I learned a lot about the flow of communication and actions in an English-speaking medical environment.

Through shadowing, I could closely observe how interactions with patients and

collaboration with the medical team took place, and I learned about the differences between the medical environments in Japan and the U.S.

## **2. Outcomes and Lessons Learned**

Through this training, I not only improved my medical English but also greatly enhanced my everyday English skills. Immersed in English daily, I became more familiar with conversational English, in addition to technical and medical expressions. The practical training in ACLS and medical interviews also sharpened my emergency response skills and communication abilities.

As I mentioned earlier, this was the longest time I had spent abroad and the most exposure I had ever had to English. Unfortunately, my vocabulary didn't improve overnight, but language is a convenient tool in that, even if you don't have all the words, you can still communicate your thoughts by simplifying your expressions.

Even if you're bad at English, you must speak it to live there, and when the need arises, you somehow manage. By the second week, I found myself able to order at cafes and restaurants, visit museums, and ask for directions without any problems.

## **3. Conclusion**

The English training in the U.S. was extremely valuable in terms of improving my

everyday English skills and deepening my understanding of a different culture. In today's globalized world, unfortunately, English is something we cannot avoid. As long as we are in the medical field, we will need to read English papers, and it's difficult to completely eliminate that necessity.

That's why I would encourage those who, like me, are not fond of English to participate in this program. Step outside your comfort zone and immerse yourself in an environment where English is unavoidable. "The sky is the limit."

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