

It was my first time to go to New York, and I set off with the expectation that I would be able to learn about a wide variety of cultures and advanced medical care. I had traveled to Asia and Europe before, but this was my first time participating in a systematic study trip. On the first, I was not sure if the plane would be able to depart due to a typhoon, but we managed to depart, and after enduring a 13-hour flight, 13 hours of jet lag, and rough taxi driving, I arrived in Manhattan. The lectures started immediately on August 19th. We take the subway every day.

The subway and the station were dirtier than Japanese ones. There were a lot of homeless people sleeping there, so I had to be on my guard. I took a lecture on medical English in a beautiful private school building called Pace University. Professor Tony handed out handouts with English expressions for the symptoms patients complain about and how to interview patients and taught me the fine details of pronunciation and the differences in meaning. I was taught many times during my school days about the difference between L and R pronunciation and the difficulty of pronouncing "TH". However, even if I thought I was pronouncing things correctly, native speakers often did not hear me correctly, and I realized that I had to be very conscious and move my mouth a lot in order to pronounce things correctly. In the afternoon, I attended a lecture by Broadway actress Minami Yusui. We listened to light music, did stretches to relax the body, played charades, and were taught ways of thinking to make life easier. I learned that it is important to check in every day, find out how you really feel, and decide whether today is a day to work hard or a day to rest. I felt that this is a way of thinking that I want to keep in mind when living life in the long term. The English course at Pace University lasted for three days, but some participants went out to buy bagels or pizza during their lunch break, some bought pastries or burritos at the hotel cafe before going to university, and some slurped down cup noodles that they had brought from Japan, which was very diverse and interesting. On August 21st and 22nd, I took an ACLS course at Phelps Hospital. The journey to the hospital and the departure time were early at 6:30, so just the trip was quite tiring. It took just under 20 minutes by subway to Grand Central Station in the center of New York, 50 minutes by express train from Grand Central Station to the station closest to the hospital, and 15 minutes by car from the station to the hospital. The staff at Phelps Hospital were all friendly, and we listened to the ACLS lectures while drinking coffee. They provided us with catered burritos, pizza, salad, and cake for lunch. When I learned BLS in Japan, the atmosphere was harsh and all the participants were nervous. However, the ACLS at Phelps University was very friendly and I was able to focus on my studies without feeling overly uncomfortable. From August 23rd to August 25th, I returned to Pace University and practiced medical interviews with actors playing the role of patients. The schedule was set down to the minute for three days. Residents were paired with fifth-year medical students, and they took turns conducting medical interviews with four cases per day. The first and second days were medical interviews only, and the third day also included physical examinations. The mock patients were native speakers, so

even though I had studied the words at the beginning of the training, it was difficult to understand them, and I finally got used to it on the second day. However, on the third day, after I had gotten used to it, I had to give a brief presentation on the medical interviews I had done over the two days, and then continue with the physical examination. I had to explain what I was going to examine, what the values were, and whether the values were abnormal or not, and I had to frequently disinfect my hands and stethoscope, and I had to guess and communicate the illness, all in English, so it was a learning experience, but it was quite tough. It was good that I could receive feedback from the actors playing the patient roles after each interview. One of the actors was a Japanese woman, who gave me a lecture using paper. On the last day of the three-day training, there was a graduation ceremony-like event, and each of the actors gave me a message of support, which I was happy about. From August 26th to August 28th, we visited clinics in New York. I visited the clinic of Dr. Iwahara, a gastroenterologist who practices in New York, for two days on August 26th and 27th. His wife is from Kanazawa, and she was nostalgic for Ishikawa Prefecture. I observed the medical interviews and examinations. Before the consultation, we first check the insurance that the patient has and ask the insurance company what tests and treatments are covered by the patient's insurance. Chest X-rays and endoscopic treatments, which are commonplace in Japanese clinics, have been discontinued because they are not profitable, so private practitioners gather at the Manhattan Endoscopy Center twice a week to perform endoscopy on their own patients. I was shocked to hear that, except for people who work for companies, there are almost no opportunities to undergo health checkups such as school health checkups and medical checkups, and endoscopies are basically done once every three years, and tumor markers are basically not taken. This may vary depending on the hospital, but patients are required to make a reservation, consultations end at 4 p.m., and no medication is administered in the hospital, so I thought it was good that doctors and medical staff could rest well on the weekends. The patients were both local and Japanese expatriates. Dr. Iwahara has lived in New York since he was 8 years old and obtained his medical license in New York, but he is very calm and speaks both Japanese and English fluently, so I felt that it was a hospital that Japanese people who come overseas for work could feel safe at. On August 27th, I went to the Manhattan Endoscopy Center. One entire floor of the building was the Endoscopy Center. There were 4 or 5 gastroenterologists, 4 or 5 anesthesiologists, several nurses, and several assistants working there. The big difference from Japan was that the procedure was performed under general anesthesia using propofol. The test took advantage of the characteristics of propofol, which makes it easy to take and wake up and was painless. The anesthesiologist checked the patient's vital signs, so safety was guaranteed, and I felt that the patient's satisfaction was very high. After the test, juice and snacks were also given to the patient. For lunch, I ate what I had brought with me on the balcony of the center with Dr. Iwahara and Mia, an intern at the University of Washington. The humidity in New York is not high, so it was fun to

have lunch outside. On the third day, I went to the prenatal checkup center run by Dr. Andrei Rebarber. Unlike in Japan, an ultrasound technician first performed an ultrasound on a pregnant woman, who then explained the results to the obstetrician-gynecologist, and the obstetrician-gynecologist communicated the final test results to the pregnant woman. There were two obstetricians-gynecologists, 5 or 6 ultrasound technicians, a liaison office worker, and a receptionist. The clinic was very clean, and there was a coffee maker, juice, and snacks in the waiting room. The clinic operates by appointment only, shortening waiting times and shortening staff working hours. Also, the ultrasound and diagnosis staff are separated, so I thought it was good to be able to divide the work, but some pregnant women came without an appointment and insisted that they came to see an obstetrician-gynecologist, not an ultrasound technician, so the office staff had to contact the hospital that referred them, and the receptionist had to persuade them. I learned that there are many different types of patients in every country. On August 29th, medical students from Mt. Sinai University gave us a tour of the campus. In addition to the lecture hall, anatomy classroom, and practice rooms for physical examinations and medical interviews, they also showed us the dormitory, 24-hour gym, and yoga room. I was surprised to see a vending machine in the break area where you could buy oral narcotic painkillers and pregnancy tests for free. I realized that because medicine is so easily available, there is always a risk of becoming addicted. After that, I met a researcher named Dr. Morishita, and we talked and toured his laboratory. Dr. Morishita discovered a molecular brake whose expression increases after the critical period ends, limiting plasticity. I heard that he trained at a psychiatric hospital, but he went into research to solve the questions he had in clinical practice. I also met a researcher named Kawatake, who graduated from Kyoto University's School of Medicine and joined Dr. Morishita's laboratory in New York after completing his residency. I heard that in New York, research doctors and researchers are treated well, and even if you leave the university laboratory without achieving results, there are many jobs at pharmaceutical companies and food companies. However, in the case of the laboratory director, if you do not produce results, you will become a secretary's staff member, and because their salary, including the director, has to be paid from the research budget, you have to make a research plan for 4 or 5 years without any scientific basis. The laboratory was like a stylish office, with several professors in one field, and the atmosphere was very friendly and good. I was worried about whether the plane would fly because of the typhoon, but I returned home safely. However, there was an unfortunate incident where the flight from Haneda to Komatsu was significantly delayed due to lightning. I was busy from early in the morning until late at night, but it was a fulfilling training that made the two weeks feel like one month.

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