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Report on Medical Training in New York, 2025

My name is Fumiaki Yachi, a second-year resident. I participated in training in New York from August 15 to August 31, 2025. I wanted to participate when I was a 6th year student at Kanazawa University, but I gave up because I couldn't receive subsidies unless I was a resident doctor at our hospital. I am very happy to be able to participate in this training for the first time in two years. I had many valuable experience opportunities such as medical interviews and ACLS training in English for about two weeks, but I would like to report on JMSA Shadowing that was particularly impressive.

In the second half of the program, I had the opportunity to visit two clinics of Japanese doctors who belong to JMSA (Japanese Medical Society of America) and are active in the field.

First, I visited Mount Sinai Doctors-Japanese Medical Practice. It is in the rural town of Hartsdale in northern New York. It takes about an hour by express train from Manhattan. In addition to general internal medicine, the hospital covers pediatrics and geriatrics, and Dr. Maki Kano, the director, oversaw pediatric and adult patients, and Dr. Hirokazu Ban oversaw adult and elderly patients. The patient base is mainly Japan expatriates, families, and travelers, but it seems that American patients living there also rely on them. In the morning, I observed

Dr. Kano's outpatient care. The clinic had about four examination rooms, and patients were waiting at the examination table in each room, and the doctor went to the examination room. It was interesting to see that it was the opposite of Japan, where patients were allowed to enter the examination room, and the aisles were closed with doors, so I felt that privacy was protected. The beginning of the school year in the United States is September, so I had the impression that many children came for the purpose of medical checkups before entering school. Dr. Kano was able to use Japanese and English well and communicated frankly with pediatric patients and parents. In the afternoon, I observed the interview of a severely depressed patient at Dr. Ban's outpatient care. The patient seemed to be mentally exhausted because all his family members lived overseas and had no relatives nearby. I remember well that Dr. Ban listened carefully to the patient's tearful confession and gave him warm words.Empathy is also important in the United States. A simple phrase is "I'm sorry to hear that", "That sounds hard". In a slightly longer one, "I understand that it was very difficult", "I think it's natural to feel that way", and so on. I don't usually use these phrases, so I thought I must take some practice to be able to use such formal expressions in front of foreign patients.

Second, I visited NY Midtown Obstetrics & Gynecology. It's in Midtown East in Manhattan, near the United Nations Headquarters building. It was about a 10-minute walk away because it was close to the hotel where I stayed. I observed outpatient care of obstetrician and gynecologist Dr. Mio Sawai throughout the day, focusing on regular checkups for pregnant women and interviews and examinations for patients with gynecological diseases. Here, the case of a couple who came all the way from Japan was shocking. The wife had obstetric DIC when she gave birth to her first child, and she had no choice but to get a total hysterectomy, but she wanted a second child and wanted to use surrogacy. Although surrogacy in Japan is

not legally prohibited, it is virtually impossible due to the policy of the Japan Society of Obstetrics and Gynecology, and the countries where surrogacy is commercially recognized include some states in the United States, Greece, Russia, and Georgia. Considering the risk of war and crime, the obesity rate of surrogate mothers, and the standard of medical care, it seems that the United States is the safest place to do it. However, because it cost about 20 million yen, Mr. Sawai recommended adoption, but it was rejected because they wanted a child who was related by blood. Surrogacy has been a problem in the past, as there have been cases where couples refused to accept the child because the child was disabled, cases where the surrogate mother refused to hand over the child because she became attached to it, and there were cases where the surrogate mother died during childbirth. In recent years, laws have progressed in California and other states, and the soil for safe use, such as setting strict conditions for surrogate mothers to apply and arranging custody protection systems, has been established, but I feel that it takes a huge amount of effort to have one child.

What was particularly impressive about visiting two clinics this time was the "medical record". In the United States, the medical records of a manufacturer called Epic have the largest market share, and it seems that there are various functions such as the following.

1. Epic Chat: A chat function with doctors and nurses like LINE. There is no need for a phone call from the ward or a medical certificate.
2. Care Everywhere: The ability to view medical records and other items from external hospitals. No medical information form is required.
3. Smart Phrase: Template feature for Objective data. It can be freely customized, and the necessary vitals and laboratory findings are automatically entered.
4. Care gap report: You can check whether age-appropriate tests such as vaccination

history are being performed.

5. Haiku: You can access electronic medical records with this app from your smartphone.
6. Remote Access: You can access your electronic medical records from your computer. It is possible to record and order medical records at home.
7. E-prescriptions: E-prescribing is the dominant choice in most states. No paper prescription required.

I was shocked that the work was thoroughly streamlined. Recently, with the development of AI technology, it seems to be two or three steps ahead of Japan's counterparts, such as a function that automatically creates medical records and documents, and a function that uses the dictation function to write medical records without writing them during an interview. I hope it will be introduced here someday.

I would like to express my deep gratitude to Dr. Maki Kano, Dr. Hirokazu Ban, Dr. Mio Sawai, and other staff for their valuable time and guidance during this training at the clinic. Thank you very much.


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