

# Reports on Clinical Elective Attachment Programme in the UK (2025)

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<Newcastle University – March 2025>

### *A month of learning and growth at Newcastle University*

SHOWA Medical University  
UENO Mako

First, I would like to express my sincere gratitude to everyone who supported me from the application process through the clinical placement. I was deeply honored to have had the opportunity to learn at Newcastle University, Freeman Hospital, and Royal Victoria Infirmary (RVI).

In the first two weeks, I spent time in the Oncology department at Northern Centre for Cancer Care. I was able to learn from various specialties and a wide range of oncological diseases. One of the most memorable experiences was gaining an understanding of the difference between clinical oncologists and medical oncologists. With clinical oncologists, I could have practical experience in the process of radiation planning. Moreover, attending a brachytherapy operation left a strong impression on me. With medical oncologists, taking part in outpatient clinics allowed me to learn how doctors and nurses in the UK build a great relationship with cancer patients from diverse backgrounds. In some cases, doctors spent over an hour listening to each patient, not only relating to medical conditions but also their daily concerns or life events such as vacations and weddings. I was amazed at how widespread “phone call clinics” are in the UK as well. This system seems to have greatly helped doctors manage their time and patients who need to travel long distances to reach the hospital.

In the other two weeks, I experienced the Respiratory department at RVI. Through ward rounds and multidisciplinary team meetings, I could deepen my knowledge of respiratory diseases including cystic fibrosis (CF), which is rarely seen in Japan. In the outpatient clinic, thanks to doctors and patients’ cooperation, I tried to conduct initial medical interviews with new patients. Although I felt a little bit nervous and struggled with catching unfamiliar words and Geordie accents, it was a valuable experience and gave me a sense of accomplishment.

Furthermore, on the day I participated in training at a local General Practice (GP) clinic, I could broaden my understanding of the UK’s National Health Service (NHS) system and how GP clinics are run by doctors as primary care rooted in the community. I was grateful to have had the chance to join home visits and see how medical staff provide continuous and personalized care to patients who also have difficulty visiting clinics. In addition, I could ask directly about strengths like trust between staff and patients and challenges like use of free ambulances. These real opinions allowed me to learn the state of community healthcare deeply.

Over the one-month placement at Newcastle University, I was able to learn about the UK’s healthcare environment, and how cultural backgrounds create the patient experience. I hope to apply what I have learned to become a doctor who can approach patients flexibly and respectfully. Lastly, I would like to conclude this report by expressing my appreciation to everyone at Japan Medical Education Foundation (JMEF), as well as to Dr. Price, Dr. Frew, Dr. McFarlane, Dr. Coulthard, and all the people who generously supported my placement.

<Newcastle University – March 2025>

*A month that changed me: lessons from Newcastle*

Gunma University  
OGAWA Mahiro

I had the privilege of participating in a four-week clinical placement at Newcastle University, supported by the Japan Medical Education Foundation (JMEF). It was an invaluable experience, and I am sincerely grateful for this opportunity. My heartfelt thanks go to Dr. Price, Dr. Macfarlane, Dr. Coulthard, and all the medical staff for their warm welcome and insightful guidance.

Under Dr. Price's supervision, I joined ward rounds and outpatient clinics in the infectious diseases department, where I was struck by the diversity of patients. The multinational medical team collaborated seamlessly, providing expert care to individuals from various backgrounds, including refugees and immigrants. Despite these complexities, the doctors navigated language and cultural barriers with empathy, ensuring equitable treatment. Their approach reinforced the importance of compassion and adaptability in medicine.

One of the most striking aspects of my time in infectious diseases was seeing how medicine extends beyond diagnoses and treatments—it is deeply intertwined with social, cultural, and economic factors. Observing the physicians' patient-centered decision-making strengthened my understanding of the responsibilities doctors carry in fostering trust and providing holistic support.

During my GP placement, Dr. Coulthard provided insights into the UK healthcare system, helping me understand primary care. He highlighted the privilege of caring for patients across generations, fostering lasting relationships with families and communities. I accompanied him on a home visit, where I saw his patient-centered approach with a reluctant individual, reaffirming the essence of family medicine—continuous, holistic care beyond clinical treatment. His ability to listen, guide, and respect his patient's autonomy demonstrated how trust and empathy are foundational in general practice.

My experience in respiratory medicine also left a lasting impression. Newcastle's regional characteristics meant encountering cases of asbestosis, linked to the area's industrial history. I also observed long-term asthma management, reinforcing the significance of continuity in treatment and preventative measures. Seeing how environmental and occupational factors shape patient outcomes highlighted broader public health challenges.

Beyond clinical placement, patient interactions were especially memorable. Their kindness stood out—when they learned of my love for Harry Potter, they eagerly shared travel recommendations and favorite teahouses, encouraging me to experience the local culture. These simple yet meaningful exchanges highlighted the human side of medicine.

Each department offered invaluable lessons—infectious diseases broadened my perspective, respiratory medicine deepened my understanding of chronic care, and general practice strengthened my connection to patient-centered healthcare. Choosing a favorite is difficult, so I leave my answer within this reflection.

Beyond medicine, the warmth of the people, Newcastle's charm, and England's tea culture made each day special. Now that I am back, I find myself missing those moments when the doctors would ask, "Fancy a cup of tea?"—a comforting gesture that made me feel truly at home. This experience was professionally rewarding and personally enriching, deepening both my medical knowledge and appreciation for human connection.

<Newcastle University – March 2025>

### *An Invaluable Experience in Newcastle*

Hirosaki University  
SATO Sojiro

Firstly, I would like to express my gratitude to Japan Medical Education Foundation (JMEF) for giving me this brilliant opportunity to take part in the elective program at Newcastle University. I am honored to be a part of the medical team there and to have a lot of chances to communicate with staff, patients and medical students around the world in the UK.

At Royal Victoria Infirmary (RVI), I joined Gastrointestinal (GI) surgery and Neurosurgery departments. I also spent a day at a GP clinic, Benfield Park Medical Group, where I was supervised by Dr. Coulthard. I learned how to approach the diagnosis of common diseases and was also able to observe a home visit there. At the same time, he taught us the system of GP in the UK and how the roles are different between general hospitals and GP clinics. It gave me a good opportunity to compare the systems in Japan and the UK.

In GI surgery, I was taught by Mr. Gallagher and Mr. Ramez. I took part in morning conferences, ward rounds, and surgeries. During the first few days, I often struggled to understand the abbreviations in the medical records and the fast-paced conversations during meetings, so I frequently asked some Foundation Year (FY) doctors for clarification. In theatre, I observed procedures such as colorectal cancer resection and cholecystectomy. One ward round left a strong impression on me. A patient who had experienced stoma formation became emotional during the conversation and began crying. She asked whether she would have to have it forever. The doctor responded with empathy, kindly explained her current condition, and assured her that there was a possibility of reversing the stoma in the future. I was deeply touched by his attitude and words and engaged with the patient. I will never forget when the patient cried but smiled, and said, “Thank you, doctor.”

In Neurosurgery, I was supervised by Mr. Cowie, Ms. Venia, and Mr. Peter. I observed some surgeries including V-P shunt placement for normal pressure hydrocephalus, laminectomy, brain tumor resection, and Baclofen pump implantation. In Mr. Cowie’s epilepsy clinic, I learned about Vagus nerve stimulation (VNS). I was not so familiar with it that this experience made me interested in epilepsy. I also observed a paediatric emergency trauma simulation workshop. I was surprised at how realistically it was carried out. The simulation involved not only doctors and nurses, but also paramedics and administrative staff. It accurately recreated the whole process—from patient transport to ICU care, surgery, and ward management. At the end of the session, all participants provided feedback and engaged in a meaningful discussion on what could be improved, such as communication issues or more efficient team positioning. I was struck by how the workshop directly addressed real-life challenges in hospital settings.

Finally, I would like to thank everyone at JMEF, Dr. Price, and all the doctors who kindly supervised me. I am also grateful to Hirosaki University School of Medicine, my supportive friends and family, and the three other students who joined the elective with me. Thank you very much.

## *The Precious Days I Spent being Myself at the Newcastle University*

Juntendo University  
MATSUKI Sae

I had the privilege of a one-month overseas placement at the Newcastle University under the generous support of the Japan Medical Education Foundation (JMEF). The month I spent at Newcastle University was blessed with many valuable experiences and wonderful encounters, which became an irreplaceable treasure for me. I would like to thank Ms. Mochizuki and Ms. Kitazawa from JMEF and also all the people who supported me.

I am interested in surgery and Obstetrics and Gynecology, so I spent the first two weeks at the Royal Victoria Infirmary, training in Gastrointestinal Surgery and the second two weeks in Obstetrics and Gynecology. The days spent learning together with multinational healthcare professionals were full of learning, although there were many challenges.

In the Department of GI surgery, I trained under Mr. Gallagher and Mr. Ramez, specialists in cancer and hernia surgery. During my practical training, I observed surgery, endoscopy, attended outpatient consultations and sat in on informed consent procedures. In addition to this, I was able to participate in a multiprofessional conference called the Multidisciplinary Team, where I saw first-hand the collaboration between several professions, where various treatment plans are formulated from many different perspectives and in a comprehensive style, and I was impressed by the fact that multidisciplinary collaboration in the UK is an essential mechanism for realizing 'patient-centered quality healthcare', and I believe that it can provide many suggestions for the Japanese medical field as well.

In the Obstetrics and Gynecology department, I observed a cesarean section, outpatient clinic and fertility treatment under the supervision of Mrs. Patience. I was able to assist in the caesarean section and was always moved by the moment a baby was born, and was once again drawn into the fascinating world of obstetrics. In the field of obstetrics, I learnt that there is a big difference in the number of antenatal examinations and the medication used to treat pregnancy diabetes. I was also surprised to find out that being discharged from hospital the day after delivery is a completely different experience than in Japan. During the training, I felt that it was lovely that family members and partners are always present by the patient's side and share both joys and sorrows at any time. I was also able to witness a medical examination with the help of a translation service, which I would like to introduce in Japan.

For me, being abroad for the first time and never having been away from home for a long time, even in Japan, this study abroad experience was really an enormous challenge. A series of unexpected events happened one after another. Nevertheless, I realized the importance of accepting myself as I am and moving forward one step at a time, even if slowly, without overstretching myself. The time I spent with the wonderful doctors and friends I met in Newcastle is an unforgettable memory. The days I spent in the UK were such a happy time that even in my hectic everyday life back home, I somehow remember them and it makes me smile. Looking back, all the moments made me stronger and gave me the opportunity to recognize the vastness of the world and the warmth of people. I believe that this experience will be a great source of inspiration for my future life and my journey as a doctor. Finally, I would like to thank again from the bottom of my heart all those who supported me during this study abroad.

## *A taste of Scotland medicine*

Fujita Health University  
ASAO Soichiro

I would like to express my sincere gratitude for the opportunity to undertake a one-month clinical elective at Glasgow Royal Infirmary Hospital. This experience not only enhanced my medical knowledge but also allowed me to immerse myself in the warmth and traditions of the Scottish people. I was particularly honored to complete my elective at Glasgow Royal Infirmary Hospital, a historic institution renowned as the birthplace of medical X-rays, the concept of aseptic techniques, and the first successful intracranial surgery.

During my elective, I was attached to the upper gastrointestinal surgery department. My learning activities included observing ward rounds, outpatient clinics, endoscopies, and surgical procedures. Each of these experiences provided a fresh perspective, contrasting with the approaches I have observed at my university hospital in Japan. I was particularly struck by the extended time dedicated to each patient during clinics in the United Kingdom, where clinicians attentively listened to their concerns. This is very different from the common Japanese clinics where note-taking often occurred concurrently with patient interaction, potentially suggesting a more patient-centered approach in the UK setting.

Furthermore, I noticed some differences in the prevalence of certain diseases. While gastric cancer significantly outweighs esophageal cancer in Japan, I encountered a notable number of patients with Barrett's esophagus, which I learned is linked to Scottish dietary habits. Witnessing how lifestyle variations influence common diseases was a valuable learning experience. I was also surprised to see surgeons frequently performing endoscopies and endoscopic retrograde cholangiopancreatographies procedures often primarily conducted by gastroenterologists in Japan.

Observing numerous surgeries for esophageal cancer and hernias was a highlight of my elective. I was thrilled to have the opportunity to scrub in and witness the surgeons' techniques up close. Many of the surgeons were enthusiastic educators, providing explanations to students throughout the operations. The occasional chance to practice suturing and using scalpel was an invaluable experience for me as an aspiring surgeon.

Beyond the clinical aspects, I was captivated by the charm of Scotland, even more so than my previous seven years residing in England. The cities and nature were beautiful, and the people were exceptionally kind. This experience has inspired in me a strong desire to return to the UK as a medical professional and has created wonderful memories that will undoubtedly shape my future.

Finally, I extend my deepest appreciation to my supervisor, Mr. Colin Mackay, and the consultants, Mr. Macdonald and Mr. Lewis, as well as all the other staff who supported my learning. I also would like to thank the University of Glasgow and the Japan Medical Education Foundation for providing me with this fantastic clinical elective opportunity.

<University of Glasgow – March 2025>

## *A Unique and Privileged Experience in Glasgow*

Aichi Medical University  
SAKAGAMI Asuka

Thanks to the Japan Medical Education Foundation (JMEF), I had the privilege of completing a four-week medical elective in Glasgow. I would like to express my gratitude to JMEF for providing me with this opportunity, Dr. Alex Puxty and Dr. Michael Murray for kindly agreeing to be my supervisors, and all the hospital staff for the warm welcome. I also extend my thanks to the staff at the University of Glasgow and Aichi Medical University who helped make this experience possible, and to my family for their continuous support.

My interest in the UK healthcare system began in high school, when I learned about the social prescribing movement from a UK-based doctor. My interest began from the mental health care in the UK and grew into a broader curiosity about the NHS, given that both Japan and the UK provide medical care are publicly funded. I was eager to understand both the successes and challenges in the NHS.

I was granted a placement in Critical Care at two hospitals; Glasgow Royal Infirmary (GRI) and The Institute of Neurological Sciences (INS). Although I spent time in ICU/ITU at both hospitals, each had its distinct way of approaching the patients and I was grateful for the opportunity to learn in different environments.

Most of my time at the GRI was spent at the ICU ward. After a few days of shadowing, I asked one of the consultants if I could present a patient during a round, which led me to examine, write a chart and present a patient all by myself. Although I was initially nervous, the experiment gave me a sense of accomplishment, and I'm glad I took the initiative to play an active role in the team. At INS, I spent my time in the anaesthetists' room and in the theatre, observing and participating in anaesthesia induction.

From my time in both hospitals, I was surprised by the flat hierarchy in both hospitals where all the staff including students were called by their first names, which makes it easier for people to communicate and ask inquiries, and help improve morale within the environment.

I also noticed that the patient demographics in Critical Care were younger compared to what I'm used to seeing in Japan. I was told by the doctors that Glasgow has one of the lowest life expectancies in the UK and that some city has the life expectancy of somewhere in 60s—something I initially thought referred to healthy life expectancy.

I met patients with multiple histories of heart diseases, patients undergoing or having undergone surgeries for oesophageal cancer, oral cancer, and others who had been admitted following suicide attempts—often as a result of alcohol use, smoking, drug use which stems from poverty and deprivation. These encounters at the critical care unit gave me a deeper understanding of how societal inequalities impact health and well-being.

My month in Glasgow has helped me grow as a person and gain understanding in many aspects of medicine. Watching the staff—doctors, nurses and spiritual care providers—being there for patients through small conversations and attention to personal details helped me realise the kind of medical professional that I aspire to be: one who sees the patient as a whole person. I am deeply grateful to everyone involved for giving me such a unique and privileged experience.



<University of Glasgow – March 2025>

### *My elective experience at the University of Glasgow*

University of Miyazaki  
HIRATE Marika

First and foremost, I would like to express my sincere gratitude to the Japan Medical Education Foundation for providing me with this invaluable opportunity. I would also like to extend my thanks to Dr George Chalmers and the Respiratory team at the Glasgow Royal Infirmary for their unwavering support throughout my elective experience. The four weeks I spent in Glasgow were undoubtedly among the most meaningful times of my life, and I feel incredibly fortunate to have had this opportunity.

During my elective, I had the chance to observe the differences of medical practices between the UK and Japan. I was able to participate in various activities, including observing clinics, joining rounds, participating in MDT meetings and ward work. While the overall methods were similar to Japan, there were certainly some noticeable differences that I observed.

One significant difference I noticed was how incredibly systematic many things were conducted. For example, dictations were commonly used in clinics, which improved the efficiency of medical record documentation. Interpreter services were used regularly to assist non-English speakers, and some appointments were even done via phone. Additionally, MDT meetings were held partially virtually, to allow participation of various professionals. What impressed me the most, however, was the pneumatic tube system, which enabled lab samples and medications to be transported to their designated destinations, without requiring people to physically deliver them.

Another notable difference was the interaction between doctors and patients. Compared to patients in Japan, I could see that many patients in Glasgow seemed to reveal more of their vulnerable side of themselves to doctors, as it was not uncommon to see patients expressing their emotions during appointments. This could be attributed to cultural, and personality differences, or possibly the fact that doctors in the UK don't wear white coats, which may be intimidating to some patients, but regardless of the cause, it was clear that the emotional openness of patients was a reflection of the strong trust established between doctors and patients, which I thought to be truly meaningful.

In terms of medical cases, I was able to encounter conditions that I had never seen during my placements in Japan, such as Sarcoidosis, Tuberculosis, and Asbestosis. While the methods and treatments were largely similar to those in Japan, it was fascinating to learn about the patients' past medical history, and to see how their lifestyle, occupation and ethnicity influenced the development in their conditions. It deepened my understanding that multiple factors contribute to the development of a disease.

Throughout my four weeks of elective, I not only had the opportunity to see and experience the various aspects of medicine and healthcare in the UK, but I was also able to reflect on how medicine and healthcare are interpreted in my home country, Japan.

Once again, I would like to express my gratitude towards everyone who have supported me during this journey. The experience has been invaluable, and I will certainly carry the experiences gained with me, as I continue to grow as a medical student.

<University of Glasgow – March 2025>

## *Clinical Clerkship Report at the University of Glasgow*

Yokohama City University  
MUSO Yuzuki

With the generous support of the Japan Medical Education Foundation (JMEF), I had the opportunity to participate in a four-week clinical clerkship at the University of Glasgow from March 3rd to 28th, 2025. Thanks to the support of many people, I was able to complete the program successfully. I would like to share my experience in this report.

I joined the Colorectal Team of the General Surgery department for four weeks. Before arriving, I had exchanged emails with my supervisor and received a rough schedule in advance. The main site for my training was Queen Elizabeth University Hospital, but I also visited Gartnavel General Hospital and New Victoria Hospital for outpatient clinics and surgeries. Each day was different, and I was able to participate in ward rounds, surgeries, and clinics. The entire General Surgery team supported me warmly, allowing me to have a varied and fulfilling experience.

I interacted daily with consultants, registrars, junior doctors, and doctors from diverse backgrounds, which helped me gain a multifaceted understanding of the British healthcare system and training structure. Many doctors had come from overseas - some to learn advanced medical techniques and others fleeing conflict - which was deeply thought-provoking. During breaks, I even had the chance to chat casually with doctors over coffee, and I truly felt like one of the local medical students.

In outpatient settings, I noticed a strong emphasis on individualised care and reducing physician workload, rather than simply seeing many patients quickly. As a result, patient wait times were very long - for example, even after a diagnosis of rectal prolapse, it could take a year before treatment, and many patients waited over 600 days for hernia surgery. Despite this, patients seemed to understand and accept the situation, which may be influenced by their gratitude toward the NHS and a cultural view of life and death in Scotland.

Work styles were also quite flexible, with many doctors taking paid leave without difficulty. One junior doctor I got close to even took a two-week ski trip to France during my clerkship, which was surprising from a Japanese perspective. On the flip side, I saw firsthand how staff shortages led to surgery delays and even full-day cancellations.

Beyond regular ward duties, I was able to attend a variety of events. At M&M (Morbidity and Mortality) conferences, teams reviewed adverse events and deaths, engaging in open, constructive discussions regardless of hierarchy - something that left a strong impression on me. At the Journal Club, junior doctors gathered to discuss research papers. Since their specialty exams require them to read and discuss papers, everyone came well-prepared, which I found very impressive.

The NHS places a strong emphasis on emergency medicine. Queen Elizabeth University Hospital, where I spent most of my time, is a designated major trauma centre and receives numerous ambulances daily. During my rotation, I had the chance to observe the emergency surgical ward and even assist in urgent surgeries. I learned about the on-call structure, which includes CEPOD (emergency surgery), First Door (emergency department), Second Door (GP referrals), and Ward (inpatient care). Being able to follow each of these roles gave me an invaluable insight into how the UK surgical system functions.

I would like to express my heartfelt gratitude to Ms. Mochizuki and everyone at the Japan Medical Education Foundation, the entire General Surgery team at Queen Elizabeth University Hospital for their warm guidance, and the staff of the Medical Education and International Affairs offices at Yokohama City University for their support throughout this clerkship experience.

<University of Leeds – June 2025>

*Clinical Elective Report: Obstetrics & Gynaecology at the University of Leeds*

Kyoto University  
TAKEI Hiroki

My four-week clinical elective in Obstetrics and Gynaecology at Leeds Teaching Hospitals NHS Trust (June 2-27, 2025) provided invaluable insights into NHS perinatal care, its contrasts with the Japanese system, and fostered my growth as a globally minded physician. My deepest gratitude goes to the Japan Medical Education Foundation for this opportunity, and to the staff at Leeds Teaching Hospitals NHS Trust and my mentors at Kyoto University for their support.

My elective provided profound insights into UK healthcare, notably the significant autonomy of midwives in routine deliveries and neonatal assessment, a key difference from Japan. The hospital's multicultural environment, with diverse patient demographics and active use of online translation services like "Language Line," was striking. My encounter with an FGM survivor particularly underscored the importance of culturally sensitive care.

The patient-centred approach deeply impressed me. Doctors frequently utilised statistical data to empower patients in shared decision making. I also noted the efficient division of labour, where medical secretaries handled documentation, allowing doctors more time for direct patient interaction and physical assessment. In specialist clinics, I observed meticulous care for high-risk pregnancies, from recurrent miscarriage management to advanced foetal medicine, including discussions on ethical dilemmas in prenatal diagnosis.

Beyond clinical aspects, I gained critical perspectives on the NHS system. I observed how the system enabled doctors to prioritise patient care over hospital revenue. While new technology adoption can be slow due to tax reliance, the system's reliance on international staff to address domestic physician shortage was also evident. My practical experiences, such as observing diverse surgeries in GATU and family-centred care in NICU, including 24/7 family access and Transitional Care Units, highlighted both clinical excellence and systemic nuances.

During the gynaecology outpatient clinic, I learned how the SBAR (Situation, Background, Assessment, Recommendation) framework supported effective communication. Especially in emotionally sensitive cases such as chronic pelvic pain or dyspareunia, I was particularly struck by how physicians chose their words with care when asking intimate questions, using plain and empathetic expressions like "lump" instead of "tumour." As a non-native English speaker, I found it challenging to master, but this experience taught me the importance of language sensitivity and patient-centred communication in clinical care.

This elective has not only deepened my understanding on perinatal care in the UK but also helped shape my vision as a future doctor. During my clinical training in Japan, I encountered a critical case where a non-Japanese-speaking family struggled to comprehend their baby's condition due to a language barrier. This experience highlighted the crucial role physicians play in bridging linguistic and cultural divides. I now aim to support such patients and families with clarity and compassion, guided by the insights gained during my time in the UK.

<University of Leeds – June 2025>

## *Lessons from Acute Medicine Elective in Leeds*

The University of Tokyo  
NAMIKI Yuoh

With the warm welcome of the University of Leeds, I undertook a four-week elective in Acute Medicine at St James's University Hospital from 2 June to 27 June 2025. Daily ward rounds, shifts in Same-Day Emergency Care and the Emergency Department, and weekly follow-up meetings with my supervisor, Dr Adam Burns, immersed me in the workings of the National Health Service and invited constant comparison with Japanese practice.

The bedside teaching I received had a profound impact on me. Working shoulder-to-shoulder with the team, I was encouraged to gather each patient's story, present it concisely, and receive immediate feedback on my reasoning and communication. This seamless cycle of participation and coaching turned every encounter into a micro-tutorial and showed how real-time feedback can ignite active learning. Informal café meetings further prompted me to set personal goals and reflect on progress, embodying Dr Burns's conviction that education should "light a fire, not fill a vessel."

At a system level, the nationally standardised ReSPECT form revealed how the NHS embeds Advance Care Planning and Do-Not-Attempt-Resuscitation decisions in routine care. After multidisciplinary review, clinicians may ethically withhold cardiopulmonary resuscitation when foreseeable harms outweigh benefits, safeguarding professional integrity while still respecting autonomy—a balance less common in Japan, where patient preference can override clinical judgment. This experience has led me to reconsider how clinician autonomy should be protected within shared decision-making frameworks at home.

Seeing Dr Burns weave teaching into service expanded my ambitions beyond clinical practice and research. I now intend to pursue formal training in medical education alongside postgraduate clinical training, aspiring to become a clinician-educator who integrates teaching continuously into patient care.

Carrying these insights home, I hope to cultivate the same curiosity and reflective, team-based learning culture in Japan, planting small, practical seeds that quietly elevate everyday care. I have since shared the ReSPECT framework with peers in Japan, sparking discussion on how similar tools might support clinicians here.

I would like to express my deepest gratitude to Japan Medical Education Foundation (JMEF) for making this elective possible, and to the Acute Medicine doctors, advanced clinical practitioners and allied professionals who shared their expertise with patience and generosity. Above all, I thank Dr. Adam Burns. His steadfast commitment to patient care, thoughtful leadership and infectious passion for teaching have set a standard I aspire to emulate throughout my career.

<University of Leeds – June 2025>

## *An Eye-Opening Journey Through Acute Medicine in the UK*

University of Tsukuba  
FUKUTOME Mai

I am deeply grateful to the Japan Medical Education Foundation and the University of Leeds for the opportunity to complete a clinical elective in Acute Medicine at St James's University Hospital in June 2025. I chose the UK to improve my communication in medical English and explore differences in healthcare systems. In Japan, I had seen foreign patients struggle due to language barriers, which made me determined to become a doctor who can communicate effectively in English. Although it was my first time abroad and I was initially nervous, the supportive environment helped me adjust quickly and participate fully in clinical activities.

I rotated through the Emergency Department (A&E), Same Day Emergency Care (SDEC), Intensive Care Unit (ICU), and the Acute Medical Units (J27/28) as part of the Acute Medicine team led by Dr. Adam Burns. I was encouraged to take histories, interpret clinical data, and present cases. These experiences sharpened my clinical reasoning, especially in early diagnostic decision-making under uncertainty.

In SDEC, I shadowed a different physician each day and assessed patients before discussions. The doctors consistently gave kind, constructive feedback, helping me improve both judgment and communication. I also learned about GP referrals and coordination between primary and secondary care—systems quite different from Japan.

I was especially impressed by multidisciplinary care. Shadowing an Advanced Clinical Practitioner and a pharmacist, I observed the autonomy and responsibility they held. These experiences deepened my understanding of collaborative care. Board rounds showed how mutual trust and defined roles contribute to effective teamwork.

I also observed thoughtful discussions on ethical decision-making and end-of-life care. The team often engaged patients and families in setting treatment goals, especially for those with frailty or chronic illness. These moments highlighted the importance of respecting patient values in practice.

A phrase from Dr. Burns—"The patients are here for an opinion, not for facts"—left a lasting impression. It reminded me that patients seek guidance and empathy, not just test results, and that physicians must be communicators and advocates.

Outside the hospital, I enjoyed university life in Leeds, made friends from other departments, and explored the city and nearby places like London, Manchester, and York. These cultural and personal experiences made the elective truly unforgettable.

This placement reaffirmed my desire to pursue a career in emergency and internal medicine—fields requiring adaptability, teamwork, and holistic care. I hope to apply what I learned in Leeds to help build a more inclusive, patient-centered healthcare environment in Japan. I would like to once again thank Dr. Burns, the team at St James's, the University of Leeds, and the Japan Medical Education Foundation for this unforgettable experience.