

# 岩手県臨床研修医短期海外研修報告書

(2026 年 4 月 20 日～24 日実施)

岩手医科大学 医師卒後臨床研修センター

岩手県医師支援推進室





2026 年 4 月 臨床研修医短期海外研修集合写真



2026 年 4 月 臨床研修医短期海外研修集合写真  
(岩手県・宮城県・福島県の臨床研修医・引率教員)



## 第 19 回 Tohoku Resident Education Program に参加して

鈴木悠地

岩手医科大学附属病院医師卒後臨床研修センター 指導医代表  
岩手医科大学 内科学講座 リウマチ・膠原病・アレルギー内科分野

令和 8 年 4 月 20 日から 4 月 24 日の 5 日間にかけて、Tohoku Medical Resident Education Program に引率教員として参加いたしました。本研修は、2011 年の東日本大震災をきっかけとして立ち上がったプログラムで、米国日本人医師会(Japan Medical Society of America: JMSA)のご支援のもと、実施されております。

今回は、岩手県、宮城県、福島県からそれぞれ 3 名、合計 9 名の研修医が参加しました。岩手県からは、県立大船渡病院の水谷美紀伽先生、岩手県立胆沢病院の高橋雅先生、県立二戸病院の玉懸千大先生が参加しました。各研修医の希望する診療科に重きを置いた 5 日間のプログラムが、JMSA の Kamal Ramani 先生を主体として組まれました。水谷先生は、3 つの医療機関において、Dr. Chung、Dr. Alex Ky、Dr. Iwahara のご指導のもと、プライマリケアおよび消化器領域の研修を受けました。高橋先生は、Dr. Kano、Dr. Beheshitian、Dr. Iwahara のご指導のもと、プライマリケア、循環器および消化器領域の研修を受けました。玉懸先生は、今回初めて受け入れをいただいた Montefiore Medical Center ならびに Dr. Kano のご指導のもと、循環器領域とプライマリケアの研修を受けました。

Montefiore Medical Center は総合病院としての位置付けであり、研修に先立って薬物検査や就労前面談など、クリニックでの研修と比較して多くの手続きが求められました。玉懸先生は、日本での準備の段階から真摯に先方とのやりとりに取り組んでおられました。最終日には、心臓移植のレシピエント手術の見学という非常に貴重な機会にも恵まれました。正式に Montefiore Medical Center での研修を開始できたのは、3 日目の水曜日からとなりましたが、それまでの期間は、Dr. Kano に急遽受け入れのご対応をいただくなど、手厚いご支援をいただいたこと感謝を申し上げます。また、Montefiore Medical Center での研修受け入れに、ご尽力くださいました Dr. Kanei、Dr. Sugiura をはじめ、関係者の皆様に心より感謝を申し上げます。

私は引率教員として今回で 4 回目の参加となります。回を重ねるごとに、研修内容をさらに充実したものへと発展させてくださっている JMSA の先生方に、深く敬意と感謝を申し上げます。また、このような素晴らしい研修プログラムに引率教員として参加の機会を与えてくださっている、宮城県、福島県、岩手県の関係者の皆様に心から感謝を申し上げます。今年度は、かつて研修医として本プログラムに参加された小山田夕芽先生が引率教員として参画されました。昨年までご参加いただいた石亀先生に続き、過去の参加研修医が教員として戻ってくる姿を、米国の先生方にお見せできたことについて大変嬉しく感じております。今後も、各県から参加された先生方が、将来、各地域の医療に貢献されていくことを願っております。

## Participation in the 19th Tohoku Resident Education Program

Yuji Suzuki

Postgraduate Clinical Training Center, Representative Supervising Physician

Division of Allergy and Rheumatology, Department of Internal Medicine

Iwate Medical University Hospital

From April 20 to April 24, 2026, I participated as a supervising faculty member in the Tohoku Medical Resident Education Program. This program was established in the aftermath of the Great East Japan Earthquake in 2011 and has continued with the generous support of the Japanese Medical Society of America (JMSA).

This year, a total of nine residents participated in the program, with three residents each from Iwate, Miyagi, and Fukushima Prefectures. From Iwate Prefecture, Dr. Mika Mizutani from Ofunato Hospital, Dr. Masashi Takahashi from Isawa Hospital, and Dr. Chihiro Tamakake from Ninohe Hospital participated in the program.

A five-day curriculum tailored to each resident's clinical interests was organized primarily by Dr. Kamal Ramani of JMSA. Dr. Mizutani trained in primary care and gastroenterology under the supervision of Dr. Chung, Dr. Alex Ky, and Dr. Iwahara at three different medical institutions. Dr. Takahashi received training in primary care, cardiology, and gastroenterology under the supervision of Dr. Kano, Dr. Beheshitian, and Dr. Iwahara. Dr. Tamakake trained in cardiology and primary care under the supervision of physicians at Montefiore Medical Center, which participated in the program for the first time this year.

As Montefiore Medical Center is a large tertiary care hospital, substantially more administrative procedures were required prior to the start of training, including drug screening and pre-employment interviews. Dr. Tamakake handled these preparations professionally. On the final day, he was also given the rare opportunity to observe a heart transplantation recipient surgery. Formal training at Montefiore Medical Center officially began on Wednesday, the third day of the program. Prior to that, Dr. Kano kindly and promptly arranged alternative training opportunities, for which we are deeply grateful. I would also like to express my sincere appreciation to Dr. Kanei, Dr. Sugiura, and all those involved in facilitating the training program at Montefiore Medical Center.

This was my fourth time participating in the program as a supervising faculty member. Each year, I am deeply impressed by how the physicians of JMSA continue to further enrich and improve the quality of the program. This year, Dr. Yume Oyamada, who had previously participated in the program as a resident, joined the program as a supervising faculty member. I was truly pleased that our colleagues in the United States could witness former participants returning to the program as educators.

I sincerely hope that all physicians who participated in this program will continue to contribute greatly to regional healthcare in their respective communities in the future.

小山田 夕芽

岩手医科大学 内科学講座糖尿病・代謝・内分泌内科分野

はじめに、Tohoku Medical Resident Education Program の実施にご尽力いただきました JMSA (Japanese Medical Society of America) の先生方、関係者の皆様に、今年度の研修も実り多い研修になりましたことを心より感謝申し上げます。

私は 2023 年度に研修医として本研修に参加する機会をいただき、プライマリケアを主体とする Community Healthcare Network、Japanese Medical Practice で研修を行いました。居住区による患者層や背景、疾病の違い、日米の医療保険制度の差異を感じる一方で、診療を通して患者の健康維持や QOL (Quality of life) の向上を図り、一人ひとりに適した医療を患者とともに探求する姿勢といった医療における普遍的な姿勢を学ぶことができました。研修医として、本研修に参加する以前は医師修学資金制度に伴う 9 年間の義務履行を責任のように感じておりました。地域医療では限られた医療しかできないのではないかという思いから、地域で求められる総合診療やプライマリケアと、自身が目指す医療との乖離に悩んでおりました。しかし、本研修を通して、プライマリケアの質の高さや、患者との生涯を通じた交流、予防医療の側面を学ぶことができ、地域医療や診療に対する印象が大きく変わりました。また診療に対して意見や疑問を共有することで、より建設的な診療ができることも学びました。

現在、私が専攻している糖尿病・代謝・内分泌分野は食事や運動といった生活に深く関わる分野であり、血糖値やホルモンの推移といったミクロの視点で診療を行う一方で、長期にわたり高血圧や脂質異常症などに対する診療も行うことで、細小血管障害の進行や大血管疾患などの重大な合併症を予防するマクロの側面も持ち合わせています。医療へのアクセスが都市圏に比べて限られている地域で、総合診療やプライマリケアのような診療に携われることにやりがいを感じています。

今回、引率教員として再び参加させていただき、この研修を実施するために多くの時間と労力が費やされ、また細やかに進捗状況や研修医の希望を把握し、より良い研修となるためにご尽力いただいていることを痛感いたしました。また研修医の先生方の研修に取り組む姿勢を拝見し、夢や目標を伺い、大きな刺激となりました。また専攻医としての立場で先生方と糖尿病や肥満治療についてのお話をできたことはとても有意義な経験でした。そして、日本にルーツをもつ多くの先生方がニューヨークで活躍されている姿に日本人として誇りを感じました。

本研修は、将来海外で医師として活躍することを目標とされる先生方だけでなく、義務履行を伴う奨学金養成医師の先生方にとっても、専攻分野の選択や地域医療を支えていく上で貴重な経験と考えています。本研修で得ることができた学びを、日本や地域固有の価値観にとらわれず向上する姿勢を持ち続けることで、診療の場を問わず、良質な医療を実践できると感じております。今年度引率教員として参加し、研修医のときには感じることでできなかった視点や学びが多くあり、研修修了生として密接に研修医と関わることができ、かけがえない経験となりました。今後も多くの修了生が教員として参加し、本研修がより長く、より良い研修として受け継がれていくことを願っております。

最後に、教員としての活動をご教授、ご支援いただきました東北大学の石井正先生、阿部倫明先生、福島県立医科大学の大谷晃司先生、当院の鈴木悠地先生に心より御礼申し上げます。また研修中、温かく思いやりを持って接してくださった、才能あふれる研修医の先生方にこの場をお借りして感謝いたします。

## Participation in the 19th Tohoku Resident Education Program

Yume Oyamada

Division of Diabetes, Metabolism and Endocrinology, Department of Internal Medicine  
Iwate Medical University

I would like to express my deepest gratitude to the physicians of the Japanese Medical Society of America (JMSA) and all the organizers for continuous support and dedication to the Tohoku Medical Resident Education Program. I am truly grateful that this year's program was once again a highly rewarding and enriching experience.

I first participated in this program in 2023 as a resident, and I observed clinical practice at the Community Healthcare Network and Japanese Medical Practice -Hartsdale Office-. While recognizing differences in patient demographics, backgrounds, and disease between two clinics, and insurance systems between Japan and the United States, I also realized a universal principle of medicine: the commitment to maintaining health, and partnership to improve their quality of life through seeking sustainable and optimal care together.

Before the first training, although I was grateful for the medical scholarship from Iwate Prefecture, I viewed the nine-year service obligation as a constraint and a responsibility that might limit my growth. I struggled with a perceived gap between the primary care required by the region and the specialized medicine I aspired to practice. However, through this program, seeing high quality primary care and the value of lifelong patient relationships, I realized the vital role of preventive medicine. This experience changed my perspective on regional healthcare. I also learned that actively sharing opinions and questions leads to more constructive clinical practice.

I currently specialize in diabetes, metabolism, and endocrinology. It's a field deeply intertwined with patients' daily lives, including diet and exercise. My clinical work involves a "microscopic" focus on blood glucose and hormones, but it also has a "macroscopic" goal. We can prevent serious complications such as the progression of microvascular disease and the onset of macrovascular disease through long-term management. I've come to realize that specialized medicine not only complements primary care but also serves as a crucial "first line" of prevention for many diseases. Engaging in clinical practice at regional hospitals gives me a great sense of fulfillment.

Returning this year as a faculty member, I was moved by the immense time and effort invested in this program. I am deeply grateful for the flexible adjustments made throughout this program to meet the residents' progress and needs. It was also a meaningful experience to talk about treatments of diabetes and obesity with JMSA physicians. I also took great pride as a Japanese person to witness so many physicians with roots in Japan leading the field of clinical practice in New York.

For residents with global aspirations, this program will serve as a vital stepping stone for their international careers. At the same time, for those committed to regional service under scholarship programs, the perspectives gained in this program will be a priceless asset in selecting specialties and supporting community medicine. I believe that by prioritizing high-quality care -unfettered by local or traditional constraints—excellent medicine can be practiced in any clinical setting. Participating as a faculty member allowed me to gain insights I could not have reached as a resident, and the opportunity to engage closely with the residents as a program graduate was an invaluable experience. I hope more graduates will return as faculty to ensure the sustained growth and continuity of this program for future generations.

Finally, I would like to express my sincere gratitude to Dr. Tadashi Ishii and Dr. Michiaki Abe of Tohoku University, Dr. Koji Otani of Fukushima Medical University, and Dr. Yuji Suzuki of our university hospital for their guidance and support. I would also like to extend my thanks to the talented residents for their kindness and companionship throughout the program.

## 第 19 回 Tohoku Medical Resident Education Program 報告書

岩手県立胆沢病院 2 年次臨床研修医  
高橋 雅

はじめに、この度は第 19 回岩手県臨床研修医短期海外研修という貴重な学びの機会をいただきましたこと、研修開催にあたりご尽力くださった皆様に深く感謝申し上げます。

私は 5 日間の日程の中で Japanese Medical Practice Westchester（以下 JMP）、Avicenna Cardiology、Dr. Iwahara's Clinic および Endoscopy center の 4 施設で研修させていただきました。JMP では Dr. Kano と Dr. Ban の外来を見学させていただき、様々な疾患を有する患者さんに対するプライマリケアについて学びました。Dr. Kano からは小児診察の進め方、Dr. Ban からは臨床推論の手法についても詳しく学ぶことができました。クリニックでは患者さんの話を要約し記録してくれる AI を用いた診療を取り入れており、カルテ記載に気を取られずに患者さんと向き合えるため、より良好なコミュニケーションをとれることが分かりました。Avicenna Cardiology では、Dr. Monzur Morshed の外来診療とオンライン診療、エコー検査やエクササイズテストを見学させていただきました。診療の合間に、虚血性心疾患の概要や FFR（冠血流予備量比）についてレクチャーしてくださり、循環器内科志望の私にとって非常に勉強になりました。Dr. Iwahara's Clinic では、2 日間にわたり、外来診療と内視鏡検査を見学させていただきました。特に、内視鏡検査で麻酔科医が全身麻酔をかけ、検査中のバイタル管理の全てを担っていることが印象的で、消化器内科医が内視鏡に専念できる環境が整っていると感じました。私は今回の研修が初めての海外渡航であり、緊張していた部分も多々ありましたが、研修の際にはいずれの先生方も温かく迎え入れてくださり、本当に良い経験をすることができたと実感しています。

私は今回の研修全体を通して、日米間で医療制度の大きな違いが存在し、それにより人々の医療に対する捉え方が大きく異なっていることを感じました。例えば、アメリカでは自分が加入している医療保険によって受けられるサービスに違いがあり、血液検査の項目によっては高額な費用を請求されるため、CT や MRI 検査を行う前に保険会社へ撮影理由を説明し認可を得る必要があります。そのため、クリニックではすぐに各種検査をオーダーするのではなく、身体診察に重きを置いて患者さんの解像度を高め、鑑別疾患を複数挙げて、検査の必要性を吟味することが重視されていました。また、保険制度上、日本よりも医療機関にアクセスし辛いことから、病気になる前の予防医療に力を入れており、成人に対して積極的にワクチンの追加接種を勧めたり、日本よりも若い年齢のうちから健診のための内視鏡検査を実施する、といった取り組みが行われていました。医師の偏在、患者の高齢化が進む岩手県において、限られた医療資源を有効活用するとともに、予防医療にも一層注力する姿勢は見習うべきではないかと考えます。今回学び得たことをこれからの地域医療に還元できるよう、精一杯努めていく所存です。

最後に、研修運営の中核を担ってくださった Dr. Ramani、Dr. Yanagisawa、研修を受け入れてくださった JMP、Avicenna Cardiology、Dr. Iwahara's Clinic の先生方および職員の方々、研修に同行しサポートしていただいた岩手県の鈴木先生、小山田先生をはじめとする先生方、その他この研修を支援いただいた全ての方々に心より感謝申し上げます。

## Report on the 19<sup>th</sup> JMSA Tohoku Medical Resident Education Program

Masashi Takahashi  
Second-year resident at Iwate Prefectural Isawa Hospital

First of all, I would like to express my sincere gratitude to everyone who contributed to the organization of this valuable learning opportunity, the 19th Iwate Prefecture Clinical Resident Short-Term Overseas Training Program.

During my five-day training program, I had the opportunity to train at four facilities: Japanese Medical Practice Westchester (JMP), Avicenna Cardiology, and Dr. Iwahara's Clinic (and Endoscopy center). At JMP, I learned about primary care for patients with various diseases. From Dr. Kano, I learned about pediatric examination procedures, and from Dr. Ban, I gained insight into clinical reasoning in detail. I was particularly impressed that the clinic uses AI to summarize and record patient information, which allows physicians to focus more on patient communication without being distracted by documentation. At Avicenna Cardiology, I observed Dr. Monzur Morshed's outpatient and telemedicine consultations, as well as ultrasound examinations and exercise stress tests. Between consultations, he lectured me on ischemic heart disease and fraction flow reserve (FFR), which were extremely valuable to me, as I aspire to specialize in cardiology. At Dr. Iwahara's Clinic, I observed both outpatient consultations and endoscopic examinations over two days. I was impressed that anesthesiologists administer general anesthesia and are responsible for managing vital signs during endoscopic procedure. This system enables gastroenterologists to fully concentrate on endoscopy, ensuring both safety and efficiency. This was my first time traveling abroad, and I felt quite nervous. However, all the doctors welcomed me warmly, and I truly feel that I had a very valuable experience.

Throughout this training program, I became aware of significant differences in the healthcare systems between Japan and the United States, and how these differences shape people's perceptions of healthcare. For example, in the United States, the availability of medical services varies depending on one's health insurance plan, and some blood tests can be very expensive. In addition, approval from insurance companies is often required for undergoing CT or MRI scans. As a result, physicians tend not to order tests immediately but instead, prioritize physical examinations, carefully assess the necessity of each test. Furthermore, because access to medical facilities can be more limited than in Japan due to the insurance system, there is a strong emphasis on preventive medicine. This includes actively recommending booster vaccinations for adults and conducting endoscopic screening at a younger age than in Japan. In Iwate Prefecture, where there is a maldistribution of doctors and an aging population, I believe that the U.S. approach effectively utilizing limited medical resources and placing greater emphasis on preventive medicine is highly relevant. I intend to apply what I have learned through this experience to regional healthcare in the future. My goal is to become a physician who can care both the physical and emotional well-being of my patients, and I hope to contribute to community healthcare in Iwate Prefecture.

Finally, I would like to express my sincere gratitude to Dr. Ramani and Dr. Yanagisawa, for their central role in organizing this program; to the doctors and staff of JMP, Avicenna Cardiology, and Dr. Iwahara's Clinic, for generously accepting trainees; and to Dr. Suzuki, Dr. Oyamada, who accompanied and supported the training; as well as everyone else who contributed to making this training program.

訪問先：Japanese Medical Practice Westchester, Avicenna Cardiology, Dr.Iwahara’s Clinic

| 日付          | 経験したこと                                                       | 印象に残ったこと／<br>気付いたこと                                                                                                                                                 | できたこと                                                                                                                                 | できなかったこと／<br>反省したこと                                                                         | 1日を通しての感想                                                                                                                                                                                                                                     |
|-------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/20<br>(月) | クリニックの外来見学<br>(Japanese Medical Practice Westchester)        | 健診で異常が見つかった方や、いわゆる生活習慣病の方の定期受診に加えて、午前のDr. Banの外来では感染症、午後のDr. Kanoの外来では小児の患者を多数診察していたことが印象的だった。初診は30分、2回目以降は15分でシビアにスケジューリングされている一方、決められた時間内での患者さんとの接し方は非常に密であると感じた。 | 初めての海外クリニックの見学であり、アメリカの医療保険の仕組みや日本との職種の違いなど、初めはよく分からない部分も多かったが、積極的に質問することができた。                                                        | 専門科が絞られている訳ではないため、プライマリケアの臨床推論が難しいと感じた。<br>大まかな診察の流れは理解できたが、外国人患者さんの話のスピードに度々ついていけないことがあった。 | 医師と患者さんとの直接のやり取りを可能にするMy chart、問診内容を要約してくれるAIなど、日本ではまだ一般的ではない便利な技術が導入されていることが印象的だった。また、医療費の観点から、クリニックでエコーやCTなどの検査を行う際は保険会社の許可が必要であるため、問診や身体診察を通して患者さんへの解像度を深め、検査の必要性をよく検討する必要があることが分かった。明日以降は、他のクリニックとの違いに着目しながら研修を進めていきたい。                   |
| 4/21<br>(火) | クリニックの外来見学<br>(Avicenna Cardiology)                          | クリニックでは、徐脈/頻脈発症後のフォローアップや、AMIに対するカテーテル治療後のフォローアップを行っていた。採血、心電図、ETTを行い、その結果を外来で説明するというスタイルで、時にはオンラインで患者さんと話をしていった。医師4人、検査技師2人、他スタッフ5人の体制であり、医師1人の患者数は10人ほどで少なめだと感じた。 | 会話が全て英語で大変だったが、聞き返したり質問したりして、内容を理解できるように努めた。<br>患者さんと少しコミュニケーションをとれる機会があり、既往歴や家族歴、発症時の様子について尋ねた。<br>エコー検査、エクササイズテスト(ETT)の一連の流れを見学できた。 | 外来の患者さん一人一人について、既往歴、内服歴、家族歴など詳しく教えていただいたが、英語だと正確に理解するのが難しかった。                               | 頻脈、徐脈、PCI後など、様々な循環器疾患をもつ患者さんの診療を見学できた。<br>ご指導いただいた先生が大学の講師を兼任しており、冠動脈の石灰化やブラーク、FFRについて分かりやすく説明してくださり、とても勉強になった。患者数は少なめで、ゆったりとした雰囲気があり、日本との違いを感じることができて良かった。                                                                                   |
| 4/22<br>(水) | クリニックの外来見学<br>(Dr.Iwahara’s Clinic)<br>アメリカの医療保険制度についてのレクチャー | 外来では、問診や診察の流れ自体は日本と似た様子だったが、身体診察で全身をくまなく調べていたことが印象的だった。また、完全予約制ということもあり、1人あたりにかけられる時間が長いと感じた。                                                                       | 嘔気、腹痛、血便など、消化器疾患を疑う患者さんに対するアプローチの仕方について、日本語と英語で学ぶことができた。<br>甲状腺、リンパ節、腹部一般、肝臓、脾臓の身体診察の流れについても学んだ。                                      | 患者数が少ない日であったため、見学できた症例に限りがあった。                                                              | Dr. Iwaharaはとても穏やかな先生で、問診の際の話し方や診察の仕方も丁寧であり、患者さんから非常に信頼されているのだと感じた。アメリカの医療保険制度についても様々なことを教えていただき、日本とアメリカとの間で、医療制度やそもそもの医療に対する考え方自体に大きな違いがあるのだということが分かった。健診で下部内視鏡検査が開始される年齢が日本より5年早く、血便の有無を問わないということに驚いた。                                      |
| 4/23<br>(木) | 内視鏡センターでの内視鏡検査見学（上部7件、下部1件）                                  | 麻酔科医がプロポフォールで全身麻酔をかけ、内視鏡検査をしていたことが印象的だった。上部内視鏡検査のうち4件は健診目的、他は逆流性食道炎の観察やビロリ菌生検であった。下部内視鏡検査は健診目的であった。                                                                 | 日本とアメリカとの違いに着目しながら内視鏡検査を見学できた。<br>検査中の麻酔科医の役割について注目しながら見学できた。                                                                         | 健康診断のための内視鏡検査が多く、EMRやESD、EUSを見る機会がなかった。                                                     | 自分の病院では、消化器内科医や看護師が鎮静・鎮痛薬を投与しながら内視鏡を行なっているが、今回は麻酔科医がプロポフォールのみで麻酔をかけ、入室や手技中のバイタル管理まで幅広く役割を担っていたことに驚いた。今回訪れた施設ではERCPなど肝胆道系の検査は扱っていないようだが、上部・下部内視鏡検査の進め方に関しては、日本とあまり変わらないように感じた。                                                                 |
| 4/24<br>(金) | クリニックの外来見学<br>(Japanese Medical Practice Westchester)        | 午前のDr. Kano外来では、10ヶ月や2歳の小児の健診、午後のDr. Ban外来では日本の救急外来で扱うような主訴の患者さんを診察していた。                                                                                            | アメリカのクリニックでの診察の様子に少し慣れ、先生と患者さんとの会話内容を理解できるように努めた。<br>主訴が曖昧な患者さんに対するアプローチの仕方について、自分ならばどう対応するか考えながら学ぶことが出来た。                            | 特になし                                                                                        | 月曜に引き続き外来見学をさせていただき、様々な年齢層の患者さんを相手にしたアプローチの仕方について学ぶことができた。日本では比較的容易に画像検査を行うことができるが、アメリカでは保険適応になるか厳しく判定されるため、曖昧な理由で検査をオーダーすることは出来ず、身体診察を通して検査の必要性を十分に検討する必要があるのだということ改めて実感した。AIが患者さんの英語の話を要約してくれるプログラムを利用する場面も見学でき、日本語にも対応出来るように調整中だということに驚いた。 |

## Daily reflections

Name

Takahashi Masashi

Training site: Japanese Medical Practice Westchester, Avicenna Cardiology, Dr. Iwahara's Clinic

| Date          | Experience                                                                                                                   | What I noticed or was impressed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | What I was able to do                                                                                                                                                                                                                                                                                                                                                                                          | What I was not able to do                                                                                                                                                                                                                                     | Impressions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/20<br>(Mon) | Clinic outpatient observation<br>(Japanese Medical Practice Westchester)                                                     | In addition to regular check-ups for those found to have abnormalities during medical examinations and lifestyle-related diseases, I was impressed that Dr. Ban's morning consultations saw many patients with infectious diseases, and Dr. Kano's afternoon consultations saw many pediatric patients. While initial consultations are scheduled strictly for 30 minutes and follow-up appointments for 15 minutes, I felt that the interaction with patients within the allotted time was very intensive. | It was my first visit to an overseas clinic, and at first, there were many parts I did not understand, such as the structure of American health insurance and the differences in occupations compared to Japan, but I was able to ask questions proactively.                                                                                                                                                   | Since the specialty is not limited, I felt that clinical reasoning in primary care was difficult. I was able to understand the general flow of the examination, but there were times when I could not keep up with the speed of the foreign patients' speech. | I was impressed by the introduction of convenient technologies that are not yet common in Japan, such as My Chart, which enables direct interaction between doctors and patients, and AI that summarizes medical questionnaires. From the perspective of medical expenses, I also understood that when performing tests like ultrasounds or CT scans at a clinic, approval from the insurance company is required, so it is necessary to deepen the understanding of patients through medical interviews and physical examinations and carefully consider the necessity of tests.                                         |
| 4/21<br>(Tue) | Clinic outpatient observation<br>(Avicenna Cardiology)                                                                       | At the clinic, follow-up was conducted after the onset of bradycardia/tachycardia, as well as after catheter treatment for AML. Blood tests, electrocardiograms, and ETT were performed, and the results were explained to patients in the outpatient setting, sometimes discussing with patients online. The team consisted of 4 doctors, 2 medical technicians, and 5 other staff members, and I felt that the number of patients per doctor, about 10, was relatively low.                               | The conversation was all in English, which was difficult, but I made an effort to understand the content by asking for clarification and asking questions. I had an opportunity to communicate a little with the patient and asked about their medical history, family history, and the circumstances at the onset of symptoms. I was able to observe the series of echocardiography and exercise tests (ETT). | Regarding each outpatient, I was told in detail about their medical history, medication history, family history, etc., but it was difficult to understand accurately in English.                                                                              | I was able to observe the care of patients with various cardiovascular diseases, such as tachycardia, bradycardia, and post-PCI. The teacher who guided me also served as a university lecturer and explained coronary artery calcification, plaques, and FFR in an easy-to-understand manner, which was very educational. The number of patients was small, and there was a relaxed atmosphere, which made it nice to be able to feel the difference from Japan.                                                                                                                                                         |
| 4/22<br>(Wed) | Observation at the Clinic Outpatient Department<br>(Dr. Iwahara's Clinic)<br>Lecture on the American Health Insurance System | In the outpatient clinic, the flow of the interview and examination itself was similar to that in Japan, but it was impressive that they thoroughly examined the entire body in the physical examination. Also, since it was by complete appointment, I felt that the time that could be spent per person was long.                                                                                                                                                                                         | I was able to learn how to approach patients suspected of having gastrointestinal diseases, such as nausea, abdominal pain, and bloody stools, in both Japanese and English. I also learned about the procedure for physical examination of the thyroid, lymph nodes, general abdomen, liver, and spleen.                                                                                                      | Because it was a day with few patients, there were only a limited number of cases that could be observed.                                                                                                                                                     | Dr. Iwahara is a very gentle doctor, and I felt that he is highly trusted by his patients, as his way of speaking and examining during consultations is also careful. He also taught me various things about the American medical insurance system, and I understood that there are significant differences between Japan and America in medical systems and even in the very way of thinking about healthcare. I was surprised that the age at which lower endoscopic screening begins is five years earlier than in Japan and that the presence of blood in the stool is not questioned.                                |
| 4/23<br>(Thu) | Observation of endoscopic examinations at the Endoscopy Center (7 upper, 1 lower)                                            | It was impressive that an anesthesiologist administered general anesthesia with propofol and performed an endoscopic examination. Of the upper endoscopies, four were for health check-ups, and the others were for observation of reflux esophagitis or biopsy for H. pylori. The lower endoscopies were for health check-ups.                                                                                                                                                                             | I was able to observe endoscopic examinations while focusing on the differences between Japan and the United States. I was able to observe while paying attention to the role of the anesthesiologist during the examination.                                                                                                                                                                                  | There were many endoscopic examinations for health check-ups, and there were no opportunities to see EMR, ESD, or EUS.                                                                                                                                        | At my hospital, gastroenterologists and nurses perform endoscopies while administering sedatives and analgesics, but this time I was surprised that an anesthesiologist administered anesthesia using only propofol and took on a wide range of roles, including managing vitals during admission, discharge, and the procedure itself. It seems that the facility I visited this time does not handle hepatobiliary procedures such as ERCP, but regarding the approach to upper and lower endoscopy, it did not seem to differ much from Japan.                                                                         |
| 4/24<br>(Fri) | Clinic Outpatient Observation (Japanese Medical Practice Westchester)                                                        | In Dr. Kano's morning outpatient clinic, I examined 10-month-old and 2-year-old children for their health check-ups, and in Dr. Ban's afternoon outpatient clinic, I saw patients with chief complaints typically handled in Japanese emergency rooms.                                                                                                                                                                                                                                                      | I got a little used to the examinations at the American clinic and tried to understand the conversations between the doctor and the patients. I was able to learn while thinking about how I would respond to patients with vague chief complaints.                                                                                                                                                            | None in particular                                                                                                                                                                                                                                            | I was able to continue observing outpatient visits on Monday and learn about the ways to approach patients of various age groups. In Japan, it is relatively easy to perform imaging tests, but in the United States, it is strictly determined whether they are covered by insurance, so tests cannot be ordered for vague reasons. I realized that it is necessary to carefully consider the need for tests through physical examination. I was also able to observe a program in which AI summarizes what patients say in English, and I was surprised to learn that it is being adjusted to support Japanese as well. |

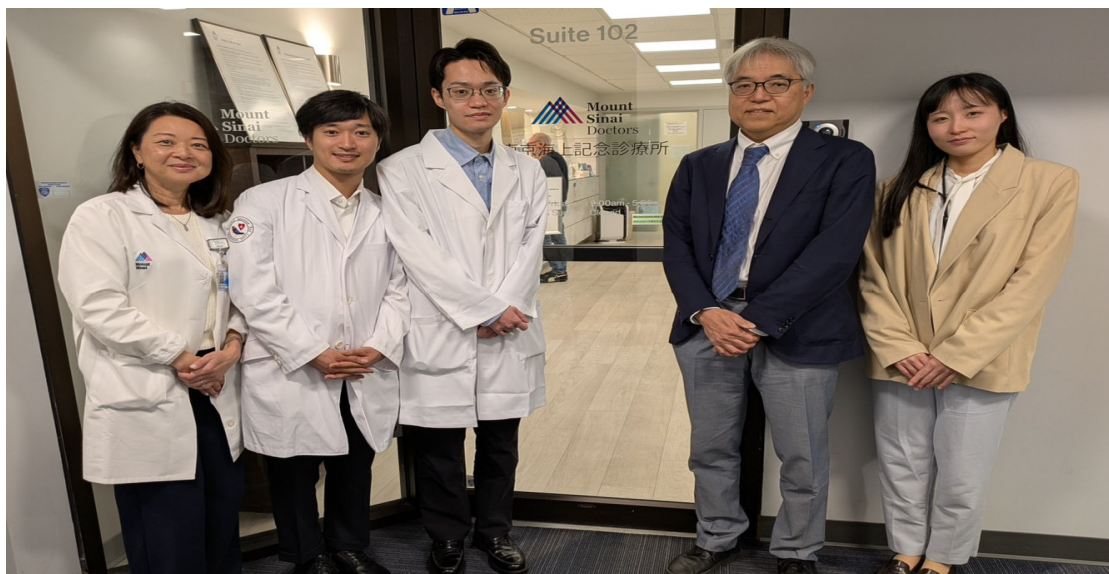


写真 1

左から一番目 : Kano 先生



写真 2

右から二番目 : Azadeh Beheshtian 先生

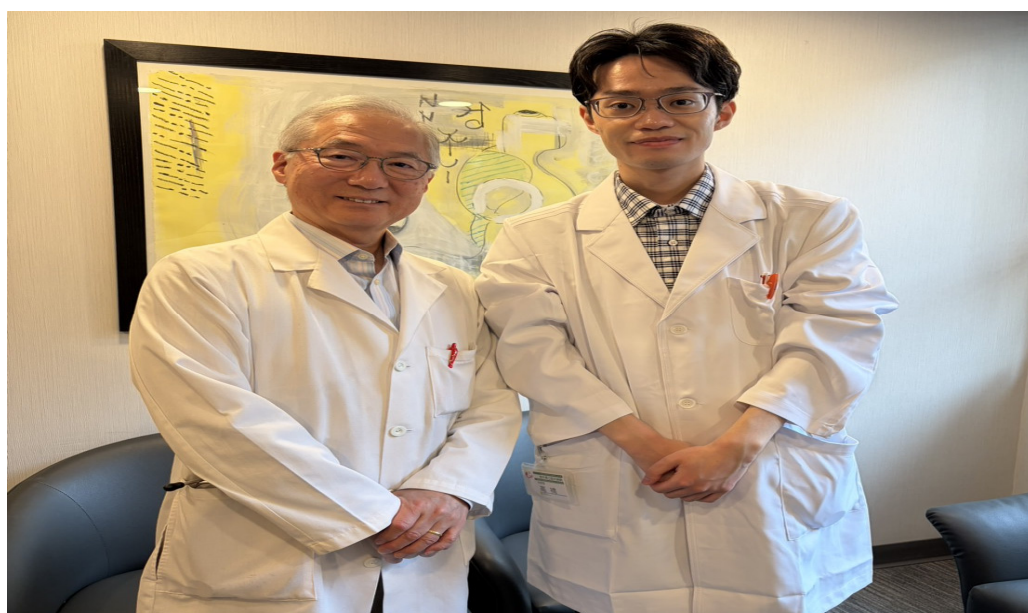


写真 3

左 : Iwahara 先生

## 第 19 回 Tohoku Medical Resident Education Program 報告書

岩手県立大船渡病院 2 年次研修医 水谷実紀伽

この度は第 19 回岩手県臨床研修医短期海外研修に参加する機会をいただき、心より感謝申し上げます。

今回の研修では City Care Family Practice と Dr.Iwahara's Clinic で Family care に関して、Mount Sinai Doctors Faculty Practice では外科外来、Manhattan Endoscopy Center で内視鏡検査見学の研修させていただきました。City Family Care Practice では患者とは数十年来の付き合いであり、患者の病歴や性格などを十分に理解した上で診療を進めることができ、患者自身も安心感をもって医療を受けられると感じました。また詳細な聴取を行うことで患者背景を含めた全人的な医療が行われている印象を受けました。外来は予約制のため患者の待ち時間もなく、円滑に診療が進められていると感じました。また、患者の年齢層も 20 代から 50 代までと日本に比べて若年であり、健康診断に加えて日常の心配事を相談しており、深刻な状態となる前に解決できる環境があると感じました。また、Mount Sinai Doctors Faculty Practice の外科外来では内視鏡を用いて痔瘻の手術や痔核結紮術の見学をさせていただきました。チャイナタウンにあり、アジア圏の患者も多く、医師や看護師は英語と中国語を駆使して診療にあたっており、様々な人種のいるニューヨークならではの診療体制であると感じました。Manhattan Endoscopy Center の内視鏡検査見学の際に麻酔科医による麻酔下で行われており、医師は内視鏡操作に集中できると学びました。内視鏡後には Recovery room で麻酔からの覚醒を待つ仕組みがあり、安全に検査を進める仕組みが構築されていると感じました。また、高齢者やハイリスク症例では病院で実施することを学びました。

研修全体を通して様々な違いを発見し、そこには社会的背景などが影響していることを学びました。多言語を駆使して診療に携わっている方々を拝見し、多言語の習得は自身の可能性を広げる大きな武器となると感じました。また自身の意見を他者と共有し、対話を進めることで物事をより広い視野でより深く考察できると感じました。研修の中で語学力不足のために意見交換が積極的に進まない場面があり、もどかしく思う瞬間が多々ありました。今回の研修で感じた悔しさを糧に語学力向上に向けた努力を行い、今後の臨床研修の中で周囲との意見交換を大切に医学の勉強に日々邁進してまいります。

最後にこの研修のため様々にご尽力いただいた JMSA の方々やお忙しい中、現地でご指導いただいた Dr.Ky, Dr.Chung, Dr.Iwahara に心より感謝申し上げます。また、研修が円滑に進むよう進めていただいた岩手県事務の方々、研修に向けた準備から現地での行動まで多くを支えていただいた引率の先生方に心より感謝申し上げます。

The report of the 19th JMSA Tohoku Medical Resident Education Program

Mikika Mizutani

2nd year resident, Iwate Prefectural Ofunato Hospital

I would like to express my sincere gratitude for the opportunity to participate in the 19th Tohoku Medical Resident Education Program.

During this program, I had the opportunity to learn about family care at City Care Family Practice and Dr. Iwahara's Clinic. I also observed surgical outpatient care at Mount Sinai Doctors Faculty Practice and endoscopic procedures at the Manhattan Endoscopy Center. At the City Care Family Practice, the doctors have had relationships with patients for decades, and I felt that allowed for treatment based on a deep understanding of each patient's medical history and personality, this continuity provides patients with a trust and security. I was also impressed by the holistic approach to medical care, in which physicians carefully considered each patient's background through detailed interviews. At the surgical outpatient clinic of Mount Sinai Doctors Faculty Practice, I observed procedures for anal fistulas and endoscopic ligation of hemorrhoids. Since the clinic is located in Chinatown, it serves many patients from Asian backgrounds. The doctors and staff communicated with patients in both English and Chinese, and I felt that this represented a unique medical system adapted to the ethnic diversity of New York City. Furthermore, during my observation of endoscopic examinations at the Manhattan Endoscopy Center, I was impressed by the safety-conscious approach in the United States. Examinations were performed under anesthesia administered by an anesthesiologist, and patients were monitored in a recovery room after the examination.

Throughout the training, I learned about various differences between medical practice in Japan and United States, and I realized that social and cultural backgrounds play a significant role in healthcare. Staff members use multiple languages in their medical practice, which made me realize that multilingual communication can be a powerful tool for expanding one's potential as a physician. I also felt that sharing opinions and engaging in dialogue can lead to broader and deeper understanding. I experienced many frustrating moments when my limited English skills prevented me from active discussion. I intend to use this experience as motivation to improve my language skills. In my future clinical training, I will continue to value open communication and dedicate myself to further growth as a physician.

Finally, I would like to express my sincere gratitude to the JMSA staff for their various efforts in making this program possible, and to Dr. Ky, Dr. Chung, and Dr. Iwahara for their guidance despite their busy schedules. I would also like to sincerely thank the staff of Iwate Prefecture for ensuring the smooth operation of the program and to the accompanying faculty members for their invaluable support.

訪問先：City Care Family Practice

Manhattan Endoscopy Center

Mount Sinai Doctors - Hartsdale

Dr.Iwahara's Clinic

| 日付          | 経験したこと                                        | 印象に残ったこと／<br>気付いたこと                                                                                                       | できたこと                                       | できなかったこと／<br>反省したこと                           | 1日を通しての感想                                                                                                                                |
|-------------|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 4/20<br>(月) | AM：City Care Family Practiceにて外来見学            | 患者カルテの記載内容に関して自動車走行中のシートベルト着用の有無や日常のより詳細な部分まで記載されていると感じた。                                                                 | 人間ドックの患者に対して身体診察を行うことができた。                  | 疾患や薬剤などアメリカと日本の医療に関するの違いについての知識が不足していた。       | 外来の患者年齢層が20代や30代でも多く、健康問題を相談するハードルが日本よりも低い環境であると感じた。                                                                                     |
|             | PM：Mount Sinai Doctors Faculty Practiceにて外来見学 | 患者の人種が様々であり、患者に応じて言語を使い分けていた。                                                                                             | 肛門部も診察であったため患者のプライバシーに考慮しながら研修を進めることができた。   | 医師と患者の会話や説明される内容に関して英語能力不足のために理解できなかった。       | 内痔核や瘻孔形成の患者に内視鏡を用いて手術を行っており、外科が内視鏡を施行していることに違いを感じた                                                                                       |
| 4/21<br>(火) | Manhattan Endoscopy Center にて内視鏡検査見学          | アメリカでは上下部内視鏡検査の際には全例で麻酔科医が鎮静をかけると知り、日本との違いを学んだ。また内視鏡検査後はRecovery roomで覚醒後、検査に関しての結果説明をしていたことも印象的だった。                      | アメリカと日本における内視鏡検査や疾患に対するアプローチの仕方の違いについて質問した。 | 患者と医療者の会話を理解することが難しかった。                       | 全例で鎮静化の下、内視鏡が行われていることや鎮静は麻酔科医が行うことなど多くの違いがあることを学んだ。また麻酔に関してはより専門医が行うため、より安全性を高めた状態で手技を進めることができると感じた。                                     |
| 4/22<br>(水) | AM：City Care Family Practiceにて外来見学            | 人間ドックの患者に対して身体診察や予防接種を行った際に英語で動作説明をするのは難しく感じた。                                                                            | 英語を用いた病状説明の際に内容に関して以前よりは理解できるようになった。        | 質問したい内容を英語に変換できず、積極性を見い出せなかった。                | 患者とオンラインでビデオ通話で診療を行うことで通院にかかる労力を削減できることに加え、気軽に相談できることで健康意識が高まると感じた。                                                                      |
|             | PM：Mount Sinai Doctors Faculty Practiceにて外来見学 | 痔瘻に対して内視鏡を用いた処置や内痔核の手術見学をした。主に中国語と英語が使用されており、地域性を感じた。                                                                     |                                             |                                               | チャイナタウンにあることから中国人の患者が多く、英語に加えて中国語の習得が重要な地域であると感じた。                                                                                       |
| 4/23<br>(木) | Manhattan Endoscopy Center にて内視鏡検査の見学         | 日本に比べて検査を受ける年齢層が比較的若年であると感じた。また大腸内視鏡はアメリカでは45歳以上から異常がなければ10年毎の検査となっていることも日本との違いであると感じた。                                   | 上部内視鏡では粘膜所見から推察できる病態に関して積極的に質問することができた。     | 内視鏡時の麻酔方法に関して質問できなかった。                        | 内視鏡を専門に行う施設であるため内視鏡後のRecovery roomがあり、効率よく安全に進める仕組みが揃っていると感じた。また内視鏡検査後すぐに患者に病状説明を行っていることが印象的であった。                                        |
| 4/24<br>(金) | Dr.Iwahara's Clinicにて外来見学                     | 健康診断の精査目的で受診している日本人が多くみられた。また患者は予約制で受診しており、医師と時間をかけて会話を進めているところが印象的であった。アメリカの保険制度に関して、検査の保険適応の有無を確認することが必要であり、日本との違いを感じた。 | アメリカの保険制度に関して学び、日本との違いを学ぶことができた。            | 患者の症状から鑑別をあげることが難しかったため各疾患の病態生理を学ぶようにしたいと感じた。 | 日本とアメリカでは保険制度に大きな違いがあり、高齢者になるほど医療費が多くなる可能性がある。そのため高齢になると日本に帰国する人もいいるというお話が印象的であった。また滞在中の日本人が健康診断から精査までを円滑に進められるような仕組みが構築されていることも印象的であった。 |

## Daily reflections

Name : Mikika Mizutani

Training site: Dr. Iwahara's Clinic  
 Manhattan Endoscopy Center  
 Mount Sinai Doctors Faculty Practice  
 City Care Family Practice

| Date          | Experience                                                          | What I noticed or was impressed by                                                                                                                                                                                                                                                                                                                                                                 | What I was able to do                                                                                                                            | What I was not able to do                                                                                                                                       | Impressions                                                                                                                                                                                                                                                                                                                                                                        |
|---------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4/20<br>(Mon) | AM : Observed outpatient at City Care Family Practice               | I felt that the patient's medical record included details such as whether or not they wore a seatbelt while driving, and other more detailed aspects of their daily life.                                                                                                                                                                                                                          | I was able to perform physical examinations on patients undergoing health checkups.                                                              | I lacked knowledge about the differences between American and Japanese medical care, such as diseases and medications.                                          | Many of the outpatients were in their 20s and 30s, and I felt that the barrier to seeking advice about health problems was lower than in Japan.                                                                                                                                                                                                                                    |
|               | PM : Observed outpatient at Mount Sinai Doctors Faculty Practice    | The patients were of various ethnicities, and the staff used different languages depending on the patient.                                                                                                                                                                                                                                                                                         | Since the examination included the anal area, I was able to conduct the training while considering the patient's privacy.                        | I could not understand the conversations with doctors or the explanations given due to insufficient English skills.                                             | I also noticed a difference in that surgical departments were performing endoscopic surgery on patients with internal hemorrhoids and fistula formation.                                                                                                                                                                                                                           |
| 4/21<br>(Tue) | Observed upper and lower GI endoscopy at Manhattan Endoscopy Center | I learned that in the United States, an anesthesiologist administers sedation in all cases during upper and lower endoscopy, which was a difference from Japan. I was also impressed that after the endoscopy, patients were awakened in the recovery room and given an explanation of the examination results.                                                                                    | I asked about the differences in approaches to endoscopy and disease management between the United States and Japan.                             | It was difficult to understand the conversation between the patient and the medical staff.                                                                      | I learned that there are many differences, such as the fact that endoscopy is performed under sedation in all cases, and that sedation is administered by an anesthesiologist. I also felt that because anesthesia is administered by specialists, the procedure can be carried out in a safer environment.                                                                        |
| 4/22<br>(Wed) | AM : Observed outpatient at City Care Family Practice               | I found it difficult to explain procedures in English when performing physical examinations and vaccinations on patients undergoing health checkups.                                                                                                                                                                                                                                               | I can now understand the content of medical explanations using vocabulary better than before.                                                    | I lacked the initiative to speak directly to patients                                                                                                           | Conducting consultations with patients via online video calls reduces the effort required for hospital visits and, I felt, increases health awareness due to the ease with which patients can seek advice.                                                                                                                                                                         |
|               | PM : Observed outpatient at Mount Sinai Doctors Faculty Practice    |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                  |                                                                                                                                                                 | Because the clinic is located in Chinatown, there are many Chinese patients, and I felt that learning Chinese in addition to English is important in this area.                                                                                                                                                                                                                    |
| 4/23<br>(Thu) | Observed upper and lower GI endoscopy at Manhattan Endoscopy Center | I felt that the age group undergoing examinations in the US is relatively younger compared to Japan. I also felt that another difference from Japan is that in the US, colonoscopies are performed every 10 years from age 45 onwards, provided there are no abnormalities.                                                                                                                        | During upper endoscopy, I was able to actively ask questions about the pathological conditions that could be inferred from the mucosal findings. | wasn't able to ask any questions regarding the anesthesia methods used during endoscopy.                                                                        | As this facility specializes in endoscopy, it has a recovery room after the procedure, and I felt that they have a system in place to ensure the procedure is carried out efficiently and safely. I was also impressed that they explained the patient's condition immediately after the endoscopy.                                                                                |
| 4/24<br>(Fri) | Observed outpatients at Dr. Iwahara's Clinic                        | Many Japanese people were seen visiting the clinic for further examinations following health checkups. It was also striking to see that patients were making appointments and engaging in lengthy conversations with their doctors. Regarding the American insurance system, it was necessary to confirm whether the tests were covered by insurance, which I found to be a difference from Japan. | I was able to learn about the American insurance system and how it differs from Japan's.                                                         | Because it was difficult to differentiate between diseases based on the patient's symptoms, I felt the need to learn about the pathophysiology of each disease. | There are significant differences between the insurance systems in Japan and the United States, and medical expenses can increase significantly with age. I was struck by the fact that some people return to Japan as they get older. I was also impressed by the system in place to facilitate smooth health checkups and further examinations for Japanese residents in the US. |



Mount Sinai Doctors Faculty Practice にて 左：Ky 先生



Manhattan Endoscopy Center にて 中央：Iwahara 先生、右：小野研修医(宮城)



City Care Family Practice にて 右：Chung 先生

## 第 19 回 Tohoku Medical Resident Education Program 報告書

岩手県立二戸病院 二年次研修医 玉懸千大

はじめに、第 19 回岩手県臨床研修医短期海外研修の実施にあたり、多大なるご協力を賜りました米国日本人医師会の皆様、ならびに関係者の皆様に、心より御礼申し上げます。

私は今回、Mount Sinai Doctors – Hartsdale（4 月 20 日、21 日）および Montefiore Medical Center（4 月 20 日、22 日、23 日、24 日）の 2 施設において、計 5 日間の研修を行いました。

Mount Sinai Doctors – Hartsdale では、Dr. Kano のご指導の下、プライマリケア外来や定期健康診断の結果説明などを見学させていただきました。小児から成人まで幅広い年齢層の患者に対応されている点が印象的であり、実際の診療では common disease に加え、詳細な鑑別を要する症例も経験することができ、プライマリケア診療の奥深さを実感しました。

また、遠隔診療やカルテ記載における AI の活用についても実際に見学する機会をいただき、医療現場への技術導入が日本より進んでいると感じました。日常診療では、カルテを記載しながら患者の話を聞く場面も多く、時にカルテ記載へ意識が向きすぎてしまうことがあります。そのため、AI がアセスメントやプランまで整理してくれる仕組みは、医師がより患者との対話に集中し、診療の質を高めるうえで大きな可能性を持つと感じました。急遽の研修受け入れにもかかわらず、温かく迎えていただき、丁寧なご指導を賜りましたことに深く感謝申し上げます。

Montefiore Medical Center は大学病院であり、Dr. Kanei、Dr. Sugiura のご指導のもと、外来診療に加えて、TAVI や CAG などの手技、CCU での回診など、高度医療の現場を学ぶ貴重な機会をいただきました。さらに、日本では見学する機会が限られる心臓移植手術も見学させていただき、大変貴重な経験となりました。

Montefiore での研修において特に印象に残っているのは、CCU 回診です。現地の研修医とともに学ぶ機会を得られたことは、非常に大きな刺激となりました。担当患者についてプレゼンテーションを行った後、指導医との丁寧なディスカッションを通じて理解を深めていく形式は大変教育的であり、臨床推論や患者管理について多くの学びを得ることができました。

今回の研修を通じて、プライマリケアから高度医療まで幅広い領域を見学できたことに、心より感謝しております。将来は岩手県で地域医療に従事する予定ですが、今回の経験を糧に、より積極的な姿勢を持ち、国際的な視点を忘れずに日々の診療に取り組んでいきたいと考えています。

最後に、Montefiore Medical Center での研修開始にあたっては、日本および米国の先生方に多大なるご尽力を賜り、研修を実現することができました。Dr. Kanei、Dr. Sugiura には、研修開始前からアドバイスやご調整をいただき、研修開始後もきめ細やかなご指導を賜りました。また、Dr. Kano には、急な研修受け入れのお願いにもかかわらず、快く外来見学の機会をいただきました。

さらに、今回引率してくださった岩手県の鈴木悠地先生、小山田夕芽先生、宮城県の石井正先生、阿部倫明先生、福島県の大谷晃司先生には、現地でも多大なご支援をいただきました。ご指導、ご支援いただきましたすべての先生方に、この場をお借りして心より御礼申し上げます。

## The report of the 19<sup>th</sup> JMSA Tohoku Medical Resident Education Program

Chihiro Tamakake

2<sup>nd</sup> -year resident, Iwate Prefectural Ninohe Hospital

First, I would like to express my heartfelt gratitude to all members of the Japanese American Medical Association, and everyone involved for their generous support in making the 19th Iwate Prefecture Clinical Resident Short-Term Overseas Training Program possible.

During this program, I completed a total of five days of training at two institutions: Mount Sinai Doctors – Hartsdale on April 20 and 21, and Montefiore Medical Center on April 20, 22, 23, and 24.

Under the guidance of Dr. Maki Kano at Mount Sinai Doctors – Hartsdale, I observed primary care outpatient clinics and consultations for routine health checkup results. I was particularly impressed by the wide range of patients treated there, from children to adults. In addition to common diseases, I encountered cases that required detailed differential diagnosis, which allowed me to appreciate the depth and complexity of primary care. I also observed the use of telemedicine and AI-assisted medical record documentation, which demonstrated how advanced technologies are being integrated into clinical practice. I found that AI systems capable of organizing assessments and treatment plans could be highly useful in allowing physicians to focus more on patient communication and further improve the quality of care.

At Montefiore Medical Center, under the guidance of Dr. Kanei and Dr. Sugiura, I had the opportunity to learn not only about outpatient care but also about advanced medical treatments and procedures, including TAVI, CAG, and CCU rounds. Furthermore, I was able to observe heart transplant surgery, an opportunity rarely available in Japan, which made this an especially valuable experience. The CCU rounds were particularly memorable and educational. Learning alongside local residents, listening to patient presentations, and participating in thorough discussions with supervising physicians gave me valuable insights into clinical reasoning and patient management.

I am deeply grateful for the opportunity to observe such a wide range of medical fields, from primary care to advanced medical care, during this training. As I plan to work in community medicine in Iwate Prefecture in the future, I hope to draw on this experience, maintain a proactive attitude, and continue approaching my daily clinical practice with an international perspective.

Finally, I would like to express my sincere appreciation to the faculty members in both Japan and the United States for their tremendous efforts in facilitating my training at Montefiore Medical Center. Dr. Kanei and Dr. Sugiura kindly provided advice and coordination before the training began and continued to offer detailed guidance throughout the program. I am also deeply grateful to Dr. Kano for graciously arranging an outpatient observation opportunity despite the short notice. In addition, I received generous on-site support from Dr. Yuji Suzuki and Dr. Yume Oyamada from Iwate Prefecture, Dr. Tadashi Ishii and Dr. Michiaki Abe from Miyagi Prefecture, and Dr. Koji Otani from Fukushima Prefecture, who accompanied us during the program. I would like to take this opportunity to express my heartfelt gratitude to all the physicians and staff members who provided guidance and support.

訪問先： Montefiore Medical Center  
Mount Sinai Doctors - Hartsdale

| 日付  | 経験したこと                                                                                       | 印象に残ったこと／<br>気づいたこと                                                                                                                                                                                                                                                                                                                                                                         | できたこと                                                                                                                                                               | できなかったこと／<br>反省したこと                                                                                                                                                                                                                                   | 1日を通しての感想                                                                                                                                                                                                                                                                                                                                 |
|-----|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (月) | 4/20<br>午前：Montefiore Medical Center(Moses)の施設見学/<br>午後：Mount Sinai Doctors - Hartsdaleで外来見学 | 午前中の施設見学では、施設内は清潔かつ明るい雰囲気であり、大きい病院ということもありセキュリティがしっかりしていた。患者層としては、ヒスパニックや黒人の患者が多いように感じた。外来を行う棟と、病棟やカテーテル・手術を行う棟が違うのが印象的だった。午後の外来では、Dr.Kanoのクリニックに移動し、プライマリケアや定期健診の結果説明などを見学した。NY勤務の日本人が、帰国して受けた検診結果の説明をMount Sinaiで受ける例もあった。日本と米国で検査の推奨度が異なるという点も印象的だった。定期受診では、症状の有無にかかわらずうつ病のスクリーニングの質問をルーチンでされているのも印象に残った。受診の間隔に応じて電子カルテの端末に必要なスクリーニングや診察の項目を教えてくださいというのは便利だと思った。                         | 午前：施設見学では、日本の病院との違いを意識しながら見学を行った。午後：急患移動となったが、引率の先生方やDr.Kanoと連絡を取り合いながら対応した。日本人医師の外来では比較的古英語を聞き取りやすく、診察時の声掛けの内容も理解することができた。ルーチン診療については、複数回見学することで徐々に内容を理解できるようになった。 | 会話のペースが速くなく内容理解するまで時間がかかるようになり、ついていくのが難しくなった。                                                                                                                                                                                                         | 一日を通して移動が多かったが、先生方と連携を取りながら対応した。Montefioreのキャンパスは広大で、清潔感のある施設であった。午後のクリニック外来は、自施設では見る機会が少なく、新鮮な経験であった。特にトラベラメディスン外来を見学し、CDCのサイトを患者と共有しながら必要なワクチンについて説明している点が印象的であった。日本での研修では経験する機会が少ない分野であり、貴重な経験となった。また、診察時にはAIを導入しており、医療面接の内容を医師・患者双方で確認しながらカルテに反映させていた。患者と会話しながら記録できるシステムは非常に有用だと感じた。さらに、ビデオ通話による遠隔診療も見学することができ、必要に応じて処方まで行える点も興味深かった。 |
| (火) | 4/21<br>Mount Sinai Doctors - Hartsdaleで外来見学                                                 | 終日外来見学にて。月曜日には見ることができなかった小児の定期健康診断を見学することができた。NYの小中学校に通う日本人の子供も来院され、日本と年齢と学年の対応が違うので少し戸惑った。また、ワクチン接種のタイミングが日本と異なるものがあることを指導いただき、印象的だった。また、一般外来では繰り返す尿路感染症の原因がわからなかったが、よく話を聞くと多発性硬化症に対して免疫抑制療法を行っていることが判明した一例など複雑な症例が多かった。                                                                                                                                                                   | 疑問点、聞き取れなかった点については積極的に質問できたと思う。                                                                                                                                     | 生後1か月児の診察をさせていただき、前日に引き続き外来見学を行った。終日見学のことで、小児から成人まで幅広い患者層を観察していることを実感した。小児では皮疹や定期健康診断で見えられた弱視の症例を見学し、成人では掌蹠膿疱症疑いの症例が印象的であった。必要な鑑別についてDr.Banと確認しながら診察を見学することができた。また、診療中に必要となったガイドラインやリスク因子をその場で調べ、患者に共有している場面も見られた。急なお願ひにもかかわらず、スタッフの皆様にも親切に対応していただいた。 |                                                                                                                                                                                                                                                                                                                                           |
| (水) | 4/22<br>午前：Montefiore(Moses)で心臓血管外科のcase見学/<br>午後：Weiler campusに移動して施設見学、ID発行                | 午前中はDr.Sugiuraのご指導の下、①TAVI、②Mitraclipの2つのcaseを見学した。①TAVIについての一般的な適応や合併症について、開胸弁置換手術との違いについてもご指導いただいた。見学した症例は動脈硬化や大動脈瘤の石灰化が強く、術前にCTを併用しつつストラテジーを構築していたのが印象的だった。②Mitraclipについても実際の手法を見学した後、適応や治療効果についてご指導いただいた。勉強不足のため、Severeな病態をMildに抑えるためのものであることは初めて知ったが、原理をわかりやすく教えていただいたため理解できた。<br>午後はDr.Kaneiのご指導の下Weiler campusに移動し、ID発行手続きと施設見学を行った。Weilerでも心臓血管カテーテルを行えるという点が印象的で、冠動脈解離の症例を拝見いただいた。 | 手術の内容、適応や合併症については理解できた。午後は無事にID発行ができた。                                                                                                                              | TAVI術前の話し合いの内容は専門的であり理解できなかった。                                                                                                                                                                                                                        | 午前に見学したTAVIやMitraClipは、若手限内では実施施設に限られており、研修医として見学するのは初めての経験であった。Dr.Sugiuraに術前・術後を通して丁寧にご指導いただき、理解を深めることができた。TAVI症例では術前の問題点が多く、中には合併症に直結するものもあったが、個別に説明いただくことで理解することができた。午後のID発行では、Dr.Kaneiにご協力いただき、Weiler campusで手続きを完了した。Weiler campusに位置するEinstein医科大学は、多額の寄付により学費が無償化されているとのことであった。Bronx地域から医師を育成する環境が整っている点が印象的であった。                  |
| (木) | 4/23<br>午前：Montefiore (Moses) でCCU ラウンド /<br>午後：CAG, PCI /<br>～：心臓移植手術の見学                    | 午前中はCCUラウンドを見学した。指導医と研修医のチームでのラウンド形式で、研修医が受け持つ患者についてプレゼンテーションし、その後指導医の質問に答えてディスカッションをするという流れが教育的に感じた。その後は心移植後の管理や合併症についての講義を受けた。午後はDr.Kaneiのご指導の下、冠動脈インターベンションを見学した。心機能低下の原因精査のためCAG+スワンガンツカテーテル施行したが明らかに異常は見られなかった症例や、40代にして冠動脈狭窄が顕著であり内頸動脈にもプラークがあるため今後の対応が悩ましい症例など、多彩な背景があると感じた。夜には心移植の手術を見学させていただいた。日本ではほぼ見学する機会はないと思われるので貴重な経験ができた。                                                    | CCU入院中のTAVI後の症例については、4/22にTAVIについて学習したこともあり、内容はすべて理解できた。その他の症例もプレゼンを聞いて概要は把握できた。講義の内容も要点は理解できた。カテーテル検査については問題なく理解できた。                                               | CCU入院中の症例の中には、Impella5.5(心臓内置留型ポンプカテーテル)が入っている患者もあり、そのウィーニングの仕方など高度なディスカッションにはついていけなかった。                                                                                                                                                              | CCUラウンドでは、指導医が担当研修医に質問を投げかけながら教育を行い、患者情報を共有するスタイルが印象的であった。研修医の医学知識や臨床レベルが自分と近かったこともあり、自分が理解できない部分については指導医が繰り返し説明してくださった。特に脚ブロックの心電図読みのコツが印象的であり、米国の医学教育でもキャッチーなフレーズや語呂合わせが活用されていることが興味深かった。心移植手術では、以前にご指導いただいた、HIV陽性ドナー・レシピエント間での移植について、実際の症例を見学することができた。                                                                                 |
| (金) | 4/24<br>24夜～：心臓移植手術見学 /<br>日中：Montefiore(Moses)で外来見学                                         | 移植手術後、日中はDr.Kaneiの循環器内科外来を見学した。電話通訳をして医療面接の内容を翻訳することでスペイン語での診察を行えるのが印象的だった。心筋梗塞後や胸痛の症例が多く、現病歴からは労作性冠縮性の胸痛が判然としなが、診察すると神経性の要素も示唆される症例などもあり印象に残った。既にPCI後などで冠動脈所見や基本的なラボデータがそろっている患者が多い点で、週の前半に見学したプライマリケアの外来とは異なると感じた。                                                                                                                                                                        | 心移植の術式を都度確認しながら見学できた。適宜メルクマールとなる構造物を術者が共有してくださったので、手術の進行は概ね理解できた。外来の症例は事前に概要を教えていただきた、電話通訳があると考える時間もとれたのでおむね理解できた。                                                  | 英語のみの医療面接では時折会話のペースが遅いところがあり、ついていけない箇所もあった。                                                                                                                                                                                                           | 心移植手術では、ドナー心との入れ替え自体は約3時間程度であったが、その後の循環動態の安定化が極めて重要であることをご指導いただいた。外部から見学しているだけでは閉鎖的判断基準は分りにくくなったが、人工心肺からのウィーニング状で中心静脈圧などの循環パラメータ、術野から見た出血量や心拍動の状態などを総合的に評価して判断していることをご説明いただいた。手術終了は最終的に午前3時半頃となったが、その後も日中の循環器内科外来を見学させていただいた。Dr.Kaneiより冠動脈造影画像を拝見いただいた、一見分かりにくい閉塞部位についてもご指導いただいた。                                                         |

Training site: Montefiore Medical Center  
Mount Sinai Doctors - Hartsdale

| Date              | Experience                                                                                                                                                 | What I noticed or was impressed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | What I was able to do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | What I was not able to do                                                                                                                                                                                                                                                    | Impressions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 4/20<br><br>(Mon) | Morning: Tour of Montefiore Medical Center (Moses) / Afternoon: Observation of outpatient at Mount Sinai Doctors- Hartsdale                                | During the morning tour of the facility, I found the hospital to be clean, bright, and highly secure, as expected for a major medical center. I also noticed that many of the patients appeared to be Hispanic or Black. One thing that stood out to me was that the outpatient department was located separately from the inpatient, catheterization, and surgical units. In the afternoon, we visited Mount Sinai Doctors - Hartsdale to observe primary care consultations and discussions of routine health checkup results. One memorable case involved a Japanese resident working in New York who had returned to Japan and later received an explanation of their medical checkup results through Mount Sinai. I was also interested in the differences between Japan and the United States regarding recommended screening protocols. During the routine health checkups, I was impressed that patients were routinely screened for depression regardless of whether they reported symptoms. I also found it efficient that the electronic medical record system automatically alerted staff to recommended screenings and examinations based on the timing of each patient's visit.                                                                                         | In the morning, I focused on observing how this hospital differed from hospitals in Japan during the facility tour. In the afternoon, although our schedule had to be changed at the last minute, we were able to adapt by staying in close communication with the accompanying faculty members and Dr. Kano. During the outpatient clinic led by the Japanese physician, I found the English relatively easy to understand and was able to follow the instructions given during the examinations. As I observed routine clinical care several times, I gradually became more familiar with the overall flow of the process. | As the pace of the conversation picked up, it became more difficult for me to understand what was being said, and I found it hard to keep up.                                                                                                                                | Although we moved around quite a lot throughout the day, we were able to adapt smoothly by staying in close communication with the doctors. The Montefiore campus was very large, and the facilities were clean and well maintained. The outpatient clinic in the afternoon was a new experience for me, as I rarely have the opportunity to observe this type of consultation at my own institution. I was particularly impressed by the travel medicine clinic, where staff explained the necessary vaccinations to patients while referring to the CDC website together. Since this is an area I rarely encounter during training in Japan, it was a valuable learning experience. I also observed the use of AI during patient consultations. The system allowed both the physician and the patient to review the details of the medical interview together while the medical record was being updated. I found this especially useful because it enabled documentation to be completed while maintaining a conversation with the patient. In addition, I was able to observe telemedicine consultations by video call. I found it interesting that prescriptions could be issued when needed during these remote consultations. |
| 4/21<br><br>(Tue) | Observation of outpatient at Mount Sinai Doctors - Hartsdale                                                                                               | I spent the entire day observing outpatient services. I was able to observe routine pediatric health checkups, which I hadn't been able to see on Monday. A Japanese child attending an elementary school in New York also visited the clinic, and I was a bit confused because the correspondence between age and grade level differs from Japan. I was also impressed by the guidance I received regarding the fact that the timing of certain vaccinations differs from Japan. In addition, there were many complex cases in the general outpatient department, such as one where the cause of recurrent urinary tract infections was initially unclear, but upon further discussion, it was discovered that the patient was undergoing immunosuppressive therapy for multiple sclerosis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | I believe I was able to actively ask questions about any points I was unsure of or couldn't quite catch.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I had the opportunity to examine a one-month-old infant, but my limited vocabulary often prevented me from coming up with the right phrases on the spot. I wish I had been able to quickly rephrase things using the vocabulary I did have.                                  | Dr. Kano's clinic kindly accepted me for a last-minute training session, and I continued observing outpatient visits from the previous day. Spending the entire day observing allowed me to truly appreciate the wide range of patients they treat, from children to adults. Among the pediatric cases, I observed patients with skin rashes and cases of amblyopia detected during routine health checkups. Among the adult cases, a patient with suspected palmoplantar pustulosis left a strong impression on me. I was able to observe the examination while confirming necessary differential diagnoses with Dr. Ban. I also observed instances where guidelines and risk factors needed during the consultation were looked up on the spot and shared with the patient. Despite the short notice, the staff treated me with great kindness.                                                                                                                                                                                                                                                                                                                                                                                    |
| 4/22<br><br>(Wed) | Morning: Observed cardiovascular surgery cases at Montefiore (Moses) / Afternoon: Went to the Weiler campus for a facility tour and to received an ID card | In the morning, under Dr. Sugiura's guidance, I observed two procedures: TAVI and MitraClip. For TAVI, Dr. Sugiura explained the general indications and complications, as well as the differences between this procedure and open-heart valve replacement surgery. The cases I observed involved severe atherosclerosis and calcification of the femoral arteries. I was particularly impressed by how the treatment strategy was developed through careful review of the preoperative CT images. For the MitraClip procedure, after observing the technique itself, we received an explanation of its indications and therapeutic effects. Since I had limited prior knowledge of the procedure, I learned for the first time that its goal is not necessarily to achieve complete correction, but rather to reduce the severity of the condition to a milder level. The underlying concept was explained clearly, which helped me understand the procedure. In the afternoon, under Dr. Kanei's guidance, we went to the Weiler campus to complete the ID issuance process and tour the facility. I was impressed to learn that cardiovascular catheterization procedures are also performed at Weiler. We were also shown a case of imaging-confirmed coronary artery dissection. | I was able to understand the details of the procedure, including its indications and potential complications. In the afternoon, we successfully completed the ID issuance process.                                                                                                                                                                                                                                                                                                                                                                                                                                           | The preoperative discussion regarding TAVI was highly technical, and I was not able to fully understand all of the details.                                                                                                                                                  | The TAVI and MitraClip procedures I observed in the morning are performed at only a limited number of facilities in Iwate Prefecture, so this was my first opportunity to observe them as a resident. Dr. Sugiura provided detailed guidance throughout the preoperative and postoperative phases, which helped me deepen my understanding. The TAVI case involved several preoperative concerns, some of which were directly related to potential complications. However, thanks to his thorough explanations, I was able to understand the key points. In the afternoon, with Dr. Kanei's assistance, I completed the ID issuance process at the Weiler Campus. I learned that the Albert Einstein College of Medicine, located on the Weiler Campus, is able to offer tuition-free education thanks to substantial donations. I was particularly impressed by the well-established environment for physician training in the Bronx area.                                                                                                                                                                                                                                                                                          |
| 4/23<br><br>(Thu) | Morning: CCU rounds at Montefiore (Moses) / Afternoon: Observed CAG, PCI / Evening-: Observed a heart transplant surgery                                   | In the morning, I observed rounds in the CCU. The rounds were conducted by a team of attending physicians and residents. Residents presented their assigned patients and answered questions from the attending physicians, which helped facilitate discussion. I found this format very educational. Afterward, I attended a lecture on post-heart transplant management and related complications. In the afternoon, under Dr. Kanei's guidance, I observed coronary intervention procedures. I saw a variety of cases involving patients with different clinical backgrounds. In one case, CAG and Swan-Ganz catheterization were performed to investigate the cause of reduced cardiac function, but no obvious abnormalities were found. In another case, a patient in their 40s had not only significant coronary artery stenosis but also plaque in the internal carotid artery, making future management decisions challenging. In the evening, I had the opportunity to observe heart transplant surgery. Since there are very few opportunities to observe this type of procedure in Japan, it was an extremely valuable experience.                                                                                                                                         | Regarding the post-TAVI patients admitted to the CCU, I was able to understand the cases in detail, partly because I had studied TAVI on April 22. I was also able to grasp the general outline of the other cases by listening to the presentations. I understood the key points of the lectures as well. I had no difficulty following the catheterization procedures.                                                                                                                                                                                                                                                     | Among the patients admitted to the CCU, some had an Impella 5.5, a percutaneous ventricular assist device, in place, and I found it difficult to keep up with the advanced discussion regarding weaning.                                                                     | During CCU rounds, I was impressed by the educational style in which the attending physician asked questions to the resident in charge while reviewing patient information with the team. Since the residents' level of medical knowledge and clinical skills was similar to my own, the attending physician's explanations were very helpful in clarifying the points I did not fully understand. I was particularly impressed by the tips for interpreting ECGs in patients with bundle branch block. I also found it interesting that catchy phrases and mnemonics are commonly used in medical education in the United States as well. Regarding heart transplantation, I had the opportunity to observe an actual case involving transplantation from an HIV-positive donor to an HIV-positive recipient, a topic I had previously learned about.                                                                                                                                                                                                                                                                                                                                                                               |
| 4/24<br><br>(Fri) | Observed a heart transplant surgery/ Morning: Observed outpatients at Montefiore                                                                           | After observing the transplant surgery, I spent the day in Dr. Kanei's cardiology outpatient clinic. I was impressed by how he conducted consultations in Spanish with the help of a telephone interpreter, who translated the medical interview. Many of the patients had a history of myocardial infarction or presented with chest pain. Some cases stood out to me because the history alone did not clearly indicate whether the chest pain was exertional or related to coronary spasm, while the physical examination also suggested a possible neurogenic component. I felt that this clinic differed from the primary care outpatient clinic I had observed earlier in the week. Many of the patients already had complete coronary angiography findings and basic laboratory data available, often following procedures such as PCI.                                                                                                                                                                                                                                                                                                                                                                                                                                        | I was able to observe the heart transplant procedure while following the surgical techniques in real time. The surgeon kindly pointed out key anatomical landmarks during the operation, which allowed me to generally follow the progress of the surgery. For the outpatient cases, I received an overview in advance. In addition, because I had time to process the information while the telephone interpreter was translating, I was able to understand most of the content.                                                                                                                                            | Some medical interviews were conducted entirely in English, while others were conducted in Spanish with the help of an interpreter. I found it more difficult to keep up when the interviews were conducted entirely in English, as the pace of the conversation was faster. | During the heart transplant surgery, the actual replacement of the donor heart took about three hours. However, I was instructed that stabilizing the patient's circulatory status afterward is extremely important. It was difficult to understand the criteria for chest closure simply by observing from outside the surgical field. However, the cardiothoracic surgeon explained that the decision is made based on a comprehensive assessment of several factors, including the process of weaning from cardiopulmonary bypass, circulatory parameters such as central venous pressure, the amount of bleeding visible in the surgical field, and the condition of the heartbeat. The surgery finally concluded at around 3:30 a.m. Later that day, I was also given the opportunity to observe the outpatient cardiology clinic. Dr. Kanei showed me coronary angiography images and explained occlusion sites that were difficult to identify at first glance.                                                                                                                                                                                                                                                               |



左より、鈴木先生（岩手）、Kanei 先生、納谷先生（福島研修医） 右：大谷先生（福島）



左より、納谷先生（福島研修医）、Sugiura 先生

