Having been given the opportunity to participate in the Bridging Community Medicine and Innovations program at Nagoya University has been a truly enriching experience and a real privilege. It really allowed me to develop an understanding of healthcare beyond the hospital into patients' homes and how innovation and technology can have an impact on patient experience and outcomes. Exposure to lectures, workshops, hospital and laboratory visits really built a holistic view of healthcare in Japan and provided me with memorable lessons.

At the start of the program, visiting Nagoya University Hospital, the cardiothoracic lab and the XR centre, I was introduced to Japan's healthcare system and built the foundation for the rest of the program. My time at the lab allowed me to grasp how different specialities function together and their relationships with implementing evidence-based medicine. This theme was furthered by visiting the XR center which gave us insights into novel technologies and techniques incorporating VR, AR and their implications for improving medical training and patient care.

Following this, visiting the National Centre for Geriatrics and Gerontology (NCGG) was a thought-provoking experience. It highlighted Japan's ageing population and the various challenges accompanying it as one of the largest themes throughout the program; this is also becoming an increasingly relevant issue in the UK from which I drew many parallels. I was truly impressed by the centre's focus on research and significant resources directed at rehabilitation technology, a lot of which was completely new to me. The focus on prevention of disability rather than treatment was really emphasised and aiming to make rehabilitation accessible for all was at the centre of the work carried out by NCGG. This led me to query how my own system, the NHS, could be better adapted to tackle these challenges and what lessons are to be learnt from Japan's system.

My time at Kagayaki Clinic in Gifu Prefecture was one of the main highlights of this program for me. Learning about Japan's home care system, which allowed doctors to visit patients in their homes, was very impactful. Understanding how this approach aimed to maximise patients' independence and dignity along with tackling challenges of accessibility of care that many elderly patients face was especially meaningful. This echoed principles we had touched upon earlier in the week when discussing medical ethics, including the difficulties of distributive justice and patient autonomy. What struck me the most was how home visits revealed aspects of patients' lives that often cannot be seen in a hospital building, providing a better clinical picture. It allowed for a very intimate view of patients' lives and provided a medium for continuity of care that allowed doctors to build lasting relationships with their patients. This was also a novel approach to me and led me to ponder its value in the English medical system.

Furthermore, I came to understand how good community medicine was only possible through the synergy of a multidisciplinary team working together to provide holistic care. How physicians, nurses, oral hygienists, speech/physical therapists and even music therapists all played a role in providing a personalised approach.

Another concept that was new to me was the implication of the biopsychosocial model of ageing in the context of palliative care and truly questioning what we define to be "good ageing". This contrasted the importance of life expectancy and biological factors of disease with individual priorities, values and meaning in life. I was introduced to the concept of ikigai and identifying what an individual is living for and how crucial this can be for patient outcomes and satisfaction. In parallel, the concept of "micro happiness" was also discussed,

where even in the face of great disability and biographical disruption, an individual can gain pleasure and look forward to life. Both concepts allowed me to reflect on my future practice as a doctor.

Additionally, our visit to CamCam Swallow, a dysphagia-friendly centre, was very memorable. I was made to consider how important presentation and preparation were for individuals with various needs in regard to diet and how they directly shaped patient experience. The role of nutritional counselling, portion control, and modified meals all played a part in maintaining dignity and quality of life. This highlighted to me how small modifiable interventions can have significant knock-on effects.

Lastly, I would like to highlight how great meeting people from all walks of life from both the US and Japan was. Making many friendships and connections throughout the program, along with the varied cultural exchange activities and learning about Japanese life and society, was valuable to me.

I would like to thank all the staff at Nagoya University School of Medicine who have made this program possible, and all the participants and organisations involved in making this a truly special experience.

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