

Name: Ursula Gately

Home Institution and Country / Year: Johns Hopkins University School of Medicine, United States / Year 2

Laboratory Visited on the First Day: Department of Respiratory Medicine

Reflections on the Nagoya University 2025 Summer Program: Bridging Community Medicine and Innovations in Japan

Participating in the Summer Program at Nagoya University Graduate School of Medicine was an incredible opportunity. I particularly enjoyed the focus on systems-level insight and patient-centered practice. The program expanded my understanding of what comprehensive, culturally sensitive healthcare can look like, and provided lessons I hope to bring home with me to the United States and my home institution.

One of the most impactful experiences during the program for me was our visit to the Kagayaki Clinic, a medical facility in Gifu and Mino Prefectures. Kagayaki Clinic built on the values of continuity, accessibility, and holistic care. Through conversation with clinic staff and patients they care for, we witnessed how longitudinal relationships between patients and providers build trust and enhance care quality. What stood out most was how Kagayaki operates really as more than a clinic. It functions as a medical home, providing not only acute care but also preventive services, care coordination, and social support. The clinic's approach reflects, to me, an understanding that health outcomes are shaped just as much by relationships and environment as by healthcare interventions. During my home visit, I saw a patient who had been immobilized by a spinal cord injury thirty years prior. He was first introduced to the clinic eight years prior and had seen the same providers almost monthly since then. With the help of the Kagayaki Clinic, his wife gets to continue to care for him at home, tending to the garden that they enjoy together in their old age. Home care continuity like that was unimaginable to me prior to Kagayaki Clinic.

In contrast to the healthcare system in the United States, which primarily prioritizes treatment of challenges solely once they arise, the Japanese care model, and particularly Kagayaki's model, demonstrated what it means to meet patients where they are, both literally and figuratively. For example, the staff spoke about conducting home visits, collaborating with caregivers, and integrating a focus on not only biological health, but psychological and social wellbeing into their daily practice. These efforts made clear that continuity of care and community embeddedness are not abstract ideals, but operational principles.

The program also moved me to reflect personally on what it means to practice medicine with purpose and intentionality. The concept of *ikigai*—one's reason for being—provided a grounding philosophy that I saw reflected in the work of everyone from Geriatricians to Respiratory Medicine researchers. It reminded me that high quality care is not just about clinical excellence. Rather, it includes finding personal and broader meaning in service.

I am extremely grateful to the faculty, program organizers, and clinical staff for their openness and generosity throughout the summer program. I believe the lessons I've learned in Japan will shape how I engage with patients, think about health systems, and pursue a career at the intersection of clinical care and social good.

