

**Recognition of Distinction in Global Health**

University of Alabama at Birmingham Heersink School of Medicine

**Clinical Elective: Kyoto, Japan – Kyoto University**

**Date of Training: June 9, 2025 – July 4, 2025**

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**Date of Reflection: September 5, 2025**



Spending four weeks in Kyoto, Japan, as part of the Recognition of Distinction in Global Health (RDGH) program at UAB Heersink School of Medicine was one of the most formative experiences of my medical education thus far. I had the privilege of completing a clinical elective at Kyoto University Hospital, where I rotated through oncology and emergency medicine/primary care. While the program was centered on clinical training and exposure to another healthcare system, my experience transcended medicine alone. It became a journey of cultural immersion, self-growth, and the cultivation of global humility in patient care.

Arriving in Kyoto, I quickly realized that navigating daily life would be as much of a learning curve as the clinical setting itself. The train system, with its dense schedules and interconnected lines, initially had me a bit confused. I vividly remember one of my first days, standing in front of a ticket machine trying to figure out how to recharge my IC card. A kind stranger who spoke no English stayed with me until I managed to add money and access the gates. That small act of patience and generosity reflected a broader cultural warmth that I would continue to encounter throughout my stay. Japanese society is grounded in principles of respect, etiquette, and order, and I learned quickly to adapt—whether bowing to physicians, removing my shoes before entering certain rooms, or observing how carefully people interacted in public spaces. These daily interactions became an important complement to my hospital experience. They reminded me that medicine does not exist in isolation but is deeply intertwined with the culture in which it is practiced.

At Kyoto University Hospital, my first two weeks were spent in clinical oncology. The emphasis on multidisciplinary collaboration was striking. I observed tumor boards where oncologists, surgeons, pathologists, and radiologists engaged in careful, consensus-driven discussions. Compared to the United States, there was less emphasis on individual decision-making and more on a collective approach. I was struck by how this reflected broader cultural values of harmony and group consensus. My subsequent two weeks were in emergency medicine and primary care. In Japan, the two fields are closely integrated, which contrasted with the more compartmentalized approach I was familiar with in the United States. I

observed how Japanese physicians managed both acute emergencies and longitudinal outpatient follow-ups, highlighting an efficiency within their healthcare system. I also learned about government restrictions on prescriptions, equal pay across specialties, and the impact these policies had on physician practice patterns. These were important lessons in understanding how healthcare delivery is shaped not just by science but by social policy and cultural expectations.



As someone interested in surgery, one of the highlights of my rotation was being invited into the operating room for several cases. Even as an observer, I was able to appreciate both the technical precision of the surgeons and the structured hierarchy within the OR. The experience reaffirmed my interest in procedural specialties while also exposing me to the different training pathways that shape surgical careers in Japan.

In addition to shadowing, we participated in academic lectures given by various departments. These sessions provided structured insights into Japan's healthcare challenges, such as their rapidly aging population, rising healthcare costs, and high utilization of tertiary hospitals for minor concerns. It was enlightening to compare these systemic issues with those of the U.S., where social determinants of health, inequitable insurance structures, and physician shortages play equally pressing roles. One of the most memorable aspects of the elective was meeting sixth-year Japanese medical students. Unlike the U.S., Japan combines undergraduate studies with medical training into a six-year program. These students not only helped translate during clinical encounters but also became our cultural guides. We explored temples and shrines together, enjoyed karaoke, and shared meals at local restaurants. Through these friendships, Kyoto began to feel less like a temporary placement and more like a home. The students made a conscious effort to ensure that I understood the clinical material while also encouraging me to embrace the city's beauty. Their openness transformed what could have been an isolating experience into a deeply meaningful one.

The elective reinforced the idea that medicine cannot be separated from its cultural environment. Japanese healthcare is deeply shaped by values of collectivism, respect for hierarchy, and a drive for efficiency. Even simple gestures, like the way physicians bowed before and after patient interactions, underscored the dignity with which patients were treated. At the same time, I noted challenges: physicians often worked extremely long hours, and the health system bore significant strain from an aging population. Comparing these experiences to my training in the U.S. was eye-opening. Both systems grapple with rising costs and physician burnout yet approach these challenges differently. Japan's equal physician pay and integrated geriatric care stood in contrast to the U.S.'s more specialized, market-driven structure. These insights deepened my appreciation for the need to think at the systems level when addressing healthcare challenges.



On a personal level, I also developed greater adaptability and humility. Whether it was learning how to navigate the modes of transportation or listening to a lecture in a language I could not fully understand, I was reminded of the vulnerability patients feel when navigating unfamiliar systems. This realization strengthened my commitment to cultural competency, especially when caring for diverse patient populations back home.

My month in Kyoto solidified my desire to incorporate global health into my career. The experience reminded me that healthcare is not a one-size-fits-all endeavor. What works in one country may not translate directly to another, but the principles of compassion, collaboration, and respect remain universal. As I move forward in my medical training, I plan to draw upon the lessons I learned in Japan. I want to continue exploring how cultural humility can enhance patient care, how interdisciplinary collaboration can improve outcomes, and how policy decisions can shape entire systems. Ultimately, this elective has reinforced my goal of practicing medicine with a global perspective—one that values both scientific rigor and cultural understanding.

The Recognition of Distinction in Global Health program provided me with the opportunity not just to witness another healthcare system, but to live within it, to adapt to it, and to grow because of it. The kindness of the Japanese people, the intellectual rigor of Kyoto University Hospital, and the friendships I formed with Japanese medical students have left a lasting imprint on my development as both a physician-in-training and as a person. Reflecting on my time in Kyoto, I am grateful for the chance to step outside of my comfort zone and engage deeply with another culture. The elective challenged me academically, socially, and personally. It taught me to embrace uncertainty, to value patience, and to see healthcare through a broader, more global lens. These lessons will stay with me throughout my career, reminding me that being a physician is not only about treating disease but also about understanding people—within the context of their culture, their society, and their humanity.

Shamar Elliott