

Sasakawa Nursing Fellow 2024 Annual Report

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1. Background

Since I was motivated to enhance the clinical outcome as the clinical nursing staff and explore nursing contributions toward Japanese society, I enrolled in the Doctor of Nursing Practice program (DNP) with an Adult-Gerontology Acute Care Nurse Practitioner specialty at University of Pittsburgh in 2024 as a member of the Sasakwa Nursing Fellow Program. After spending approximately 7 months in this program, there are several noticeable changes in my view of the health and healthcare system. As of March 2025, I would like to utilize this annual report to reflect on my academic progress and report several health and healthcare challenges in the US.

2. Academic Progress

As the first year of a DNP student, I have learned about the healthcare system and clinical issues in terms of policy, financial, and clinical perspectives. The reason for the necessity to view health issues from various perspectives is the nature of complicated interactions of health. Health is not defined as just a good condition without injury or disease but as physical, mental, and social well-being (*the World Health Organization*, n.d.). Hence, while the DNP program is designated to educate nurses specifically as clinical professionals, it is imperative to have the knowledge and skills not only from clinical or individual levels but also from community and governmental levels. Through the DNP coursework, two things gave me an opportunity to think about health as a prospective clinician.

First, the coursework regarding public policy in health care taught me the societal and systematic considerations about US health issues. Various factors at multiple levels are intertwined to create the health and involving situation. In the lecture of public policy, the faculty used a model called the “iron triangle” to explain the healthcare system with societal and economic issues, which demonstrates the relationship between access, cost, and quality of healthcare (Carroll, 2012). This model implies that an improvement in one or two components leads to a reduction in the remaining component. For instance, the Affordable Care Act improved health insurance coverage all over the nation, so that people can use the healthcare affordably, which aimed expanding access and improving quality. Otherwise, it led to skyrocketing cost on insurance fee and incentivized care, which could reduce quality of care. Though this model does not demonstrate a rigid social structure, it can provide a systematic view to improve the Japanese healthcare system. For example, as a prospective nurse practitioner (NP) student, an NP role would improve cost and access as an affordable and accessible provider compared to physicians. However, several past research showed inconsistent results in the quality of care rendered by NP. In any case, I realized the importance of interacting with various professionals/stakeholders who are involved with healthcare, when we try to improve or initiate programs even if it would be for a particular population.

Second, the courses regarding human genetics in clinical application and health promotion and prevention made me delve into the specific environment in Pittsburgh and Pennsylvania state. Before this DNP program, I studied public health through online courses to learn about the health issues in the US as well as the socioeconomic factors involved with health, because I acknowledged my limitations as a nurse who only worked in intensive care units. There are apparently countless differences between the US and Japan, so being in a different society can make my views on public health more in-depth. Pittsburgh had a large iron industry in the 20th

century, which affected a number of people in both positive and negative ways, such as wealth and pollution. As the industry has shifted from iron manufacturing to health and technology, Pittsburgh has been reborn as a city combining academics, technology, and health industries. Otherwise, several health issues stem from the past industry, such as an association between the increased prevalence of asthma and air pollution (Lange et al., 2022). In addition, Pittsburgh is known as one of America's apartheid cities, where occupational and residential segregation between whites and African Americans persists. While Pennsylvania state and Pittsburgh accepted many African American slaves as the sites of the underground railroad during the Civil War, racial/ethnic disparities are not gone yet. Other factors that make Pittsburgh more unique are ethnically specific health issues. For instance, since Jewish people moved to Pittsburgh in the 19th century, several genetic diseases, such as cystic fibrosis and maple syrup urine disease, are frequently observed compared to other race/ethnic populations. This societal and historical uniqueness plays an important role in screening and diagnosing patients/clients not only for their treatment but also for preventative and long-term care.

As a prospective clinical professional, I would like to put more effort into familiarizing and learning various fields that involve health care. Even though there is a huge difference between the US and Japan, such a viewpoint is required to work as an NP regardless of the field. This will make me competent in caring for patients/clients not only through the lenses of disease or injury but also their societal aspects.

3. Goal of the 2025 academic year

For the 2025 academic year, I will focus on three goals: (1) clinical practice, (2) community engagement, and (3) DNP project.

1. Clinical Practice: As the clinical practice will begin in the fall semester of the 2025 academic year, I would like to work on my study in clinical skills and physiology as well as pharmacology.
2. Community Engagement: Due to the absence of internship in the school of nursing, my coursework is limited within the school. Hence, I would like to reach out to community foundations or initiatives to expose myself to the society in Pittsburgh and to become knowledgeable and competent in community health.
3. DNP Project: I would like to elaborate on my DNP project, which is possibly focused on the sleep promotion program in the ICU. This will be proceeded concurrently with clinical practice and other coursework.

4. Conclusion

Reflecting on my study at University of Pittsburgh, I gained a deeper understanding and awareness of health and the healthcare system in the US from multiple perspectives. Learning the US healthcare system and issues through the coursework enabled me to analyze healthcare challenges critically. In addition, the unique environment of Pittsburgh and Pennsylvania state strengthened my awareness of caring for patients/clients' health through broader determinants of health. Looking ahead to the 2025 academic year, I will commit to advancing my clinical expertise, engaging with the local community, and developing my DNP project. Through these goals, I would like to become a competent clinician who can meaningfully contribute to patient care and the healthcare system. Ultimately, I would like to apply this expertise and experience to improve the Japanese healthcare system for better patient outcomes.

5. Acknowledgment

I would like to express my deepest gratitude to the Sasakawa Health Foundation for their generous support and for granting me the invaluable opportunity to be a part of the Sasakawa Nursing Fellow Program. This program's mission and purpose have profoundly inspired me to dedicate myself to improving healthcare and contributing to Japanese society as a clinical nurse. I am truly grateful for the guidance, encouragement, and resources that enabled me to grow both academically and professionally.

6. Reference

Constitution of the World Health Organization. (n.d.). Retrieved March 24, 2025, from

<https://www.who.int/about/governance/constitution>

Carroll, A. (2012). The “Iron Triangle” of Health Care: Access, Cost, and Quality. *JAMA*

Forum Archive, 41(1). <https://doi.org/10.1001/jamahealthforum.2012.0058>

Lange, C. L., Smith, V. A., & Kahler, D. M. (2022). Pittsburgh Air Pollution Changes During the COVID-19 Lockdown. *Environmental Advances*, 7, 100149.

<https://doi.org/10.1016/j.envadv.2021.100149>