

Sasakawa Nursing Fellow 2025 Annual Report

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1. Background

As of April 2026, it's been approximately 1.5 years since I started my Doctor of Nursing Practice (DNP) program with the Adult-Gerontology Acute Care Nurse Practitioner track at University of Pittsburgh, with the purpose of learning the role of nurse practitioners (NP) in the US and improving my clinical knowledge and skills to contribute to future Japanese healthcare. I would like to utilize this annual report to reflect my academic progress in terms of the targets: 1) clinical practice, 2) community engagement, and 3) DNP project.

2. Academic Progress

In this section, I would like to note some academic progress based on the targets that I decided to focus on last year: 1) clinical practice, 2) community engagement, and 3) DNP project.

1) Clinical Practice

In the last half of the first year and the second year in the DNP program, the structure of courses has shifted toward the development of clinical decision-making, compared to the first year, which mostly covered health policy and population health. For instance, three courses of physical exam, differential diagnosis, and management of adult chronic health problems over the three semesters has trained me in a structured manner to develop the perspective of a medical professional rather than a nursing role. Compared to the function of nurses within the multidisciplinary team, the role of NPs as one of the providers is distinctly different from that of nurses in terms of establishing diagnosis, making a management plan, and foreseeing patient care after discharge to prevent readmission. This made me necessitate learning more about the overall clinical course, such as pathophysiology, pharmacology, diagnostic tools, and guideline-based management. An example of clinical case that I encountered frequently during my clinical placement at University of Pittsburgh Medical Center (UPMC) was polysubstance use. Indeed, Allegheny County has a higher rate of alcohol and drug use compared to the state of Pennsylvania (*Community Indicators and Health Data*, 2026). As the number of substances that patients use and the chronic diseases are notably complicated, making an individualized patient plan was extremely challenging under the intertwined insurance systems. I would like to keep this goal in the year 2026-2027 as the highest priority to better understand common etiology and utilize necessary resources for developing patient care plans.

2) Community engagement

As community engagement was less focused compared to last year due to the structure of my program, I personally participated in a Panther Community Free Clinic at the UPMC Mercy (*Birmingham Free Clinic – Program for Healthcare to Underserved Populations*, n.d.). It was an opportunity for students from medical, pharmacy, speech therapy, and nursing backgrounds to learn about community health. Though I joined this clinic only once in December 2025, I learned how a community free clinic provides primary care in the community with limited resources and financial support. Since acute care NPs should consider the prevention plan after discharge, involving community health with nursing and medical perspectives is imperative. I would like to keep seeking any opportunities to engage in community health, which will be beneficial for my future clinical practice as an NP to fill the gap between hospital and community health.

3) DNP project

For the DNP project, my focus will be on sleep promotion in the intensive care unit (ICU). In general, critically ill patients are deprived of their sleep due to various problems and

changes, including illness, personal habits, and environment. Sleep loss is believed to be associated with impaired host defense by decreased natural killer cell function, decreased antibody production, and increased inflammatory cytokines (Hassanpour et al., 2023). Particularly, critically ill patients are predisposed to disruption of their circadian rhythm due to the stress response and treatments. Otherwise, the association between sleep deprivation and delirious symptoms in critically ill patients is still not clearly identified. Currently, there are no sleep promotion initiatives at ICUs of UPMC Shadyside. Hence, I will conduct a quality improvement project with the purpose of promoting awareness of ICU staff toward sleep promotion in critically ill patients and improving clinical outcomes. This goal will still be a higher priority throughout next academic year.

3. Goals of the 2026 academic year

All goals of the 2025 academic year will be kept on the list, while I would change the priority of each goal for my purpose of study in the DNP program. In addition to those goals, I would like to set subgoals for each target to enable my reflection next year.

1) Clinical Practice

- 1-1) Formulate individualized management/treatment plans for common diseases in the ICU.
- 1-2) Utilize or identify necessary resources for the appropriate disease and patients.
- 1-3) Formulate a list of differential diagnosis based on common chronic and acute illness.
- 1-4) Integrate evidence-based findings related to plan of care.

2) DNP Project

- 2-1) Conduct educational sessions for ICU staff.
- 2-2) Implement a quality improvement project.
- 2-3) Analyze the patient data and survey data to assess the effects
- 2-4) Present the results at the clinically relevant conference.

3) Community Engagement

- 3-1) Seek opportunities and participate in any events to be involved in community health
- 3-2) Improve understanding of some health issues, specifically common in this region, from various perspectives.

4. Conclusion

With the structured courses, I have been trained to develop my clinical skills from the perspective of an NP throughout the academic year of 2025. I will continue to focus on these learnings in clinical skills and community health to become competent in providing critical care to patients with diverse diseases.

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 patient care and contributing to Japanese society as a clinical nurse practitioner. I am truly grateful for the guidance, encouragement, and resources that enabled me to grow both academically and professionally.

5. Reference

Birmingham Free Clinic – Program for Healthcare to Underserved Populations. (n.d.).

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