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Laidlaw Scholars Undergraduate Leadership and Research Programme
Leadership-in-Action Project Report

No Patient is Too Far: Six Weeks in Pisa with Proximity Care

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"No patient is too far."

Rural communities, compared to urban city centers, face disparities when it comes to accessing healthcare services. Known as "proximity care," the distance that patients must travel to receive medical support can be wholly detrimental to their overall well-being and quality of life. Of note is regular screenings for breast cancer, colorectal cancer, and HPV; understood to be incredibly effective at catching malignancies before they become lethal, it is critical to ensure that timely screenings are not a barrier to preventing unnecessary deaths.

My Leadership-in-Action (LiA) project was carved from within these core tenets. I worked on Proximity Care, under Professor Sabina Nuti's research team at the Sant'Anna School of Advanced Studies in Pisa, Italy, an interdisciplinary initiative that focuses on improving health, social, and integrated care services in several remote areas of Tuscany. Over six weeks, I engaged with the project through field visits, stakeholder discussions, evaluation of its various workstreams, and analysis of its long-term sustainability, culminating in a transition plan for the project beyond its current funding cycle. By collaborating with researchers, health authorities, government officials, third sector organizations, and residents, Proximity Care promotes more sustainable preventive medicine that achieves short-term accessibility and long-term positive health outcomes.

I could elaborate on why universal healthcare access is critical for hours, but there is a plethora of great minds who could give you an even better response. The true significance of this experience for me, however, was seeing how research, healthcare innovation, and community engagement intersect in practice, while challenging me to consider how such initiatives can create lasting impact beyond the duration of a research project. Most importantly, stepping outside of my naturally biased perspective of systems and practices allowed me to ground myself

in adaptive leadership, interdisciplinary collaboration, community-centered engagement, and sustainable practices.

Though the SMART goals I initially outlined were feasible goals for the screening project, I quickly realized that the scope of work for the overall Proximity Care initiative was much larger, and my contributions in such a context were better suited for different streams of the platform. I had the initial intention of creating 2–3 health education documents (pamphlets, flyers, reports) to send to government officials within the Tuscany region for distribution over six weeks, spending 15 out of 30 days "in the field," working with the patient population, engaging healthcare providers, and connecting with regional government officials, and contributing 750–1000 words within my six weeks to the final research review on this topic within Dr. Nuti's team, to be subsequently published even after I conclude my LiA. Admittedly, these goals may have been a little ambitious for six weeks, but the work environment I was in allowed me to adapt gracefully based on my interests and the trajectory of the program. For example, instead of disseminating health education documents, I spoke to provincial leaders and health workers about the importance of community engagement about wellness. Instead of focusing on the amount of time I had in the field, I made the most out of the days I was able to go, striving for quality over quantity. Contributing to a larger research paper also came in more ways than one, generating iterative arcs for the sustainable development of the project that set the foundation for future publications. Ultimately, I developed and delivered my final "Proxy Stay" presentation, which synthesized my experiences across the six weeks into a proposed transition and sustainability framework for Proximity Care beyond its current funding cycle. The presentation allowed me to bring together insights from field visits, stakeholder conversations, and my evaluation of the project's various lines into a tangible product that could inform the

project's continued development. Taking these changes with stride and going with the flow, rather than forcing perfection, demonstrated the necessity of adaptability in leadership.

Before arriving in Pisa, I anticipated that entering such an unfamiliar cultural and healthcare context would be challenging, including my lack of familiarity with Tuscany and the Italian language. But beyond communication capabilities, I was concerned I would unintentionally impose North American assumptions or frameworks onto a local context. To combat this, I really focused on learning to listen before contributing and gathering information over adding it. I asked questions, observed how local stakeholders approached problems, adapted communication to the people/environment around me, and learned Italian where I could. And even the best preparation would not have sufficed; cultural humility requires being willing to recognize when your assumptions are incomplete and adapt accordingly. Speaking of the language barrier, I foresaw that language could make community engagement difficult, which was apparent during field visits and community events. Each conversation with my team members or community partners was likely less deep than I would have wanted, but the signs in lieu of dialogue over shared meals filled my cup and built trust through genuine interest. Ultimately, I hoped to contribute to a healthcare initiative in a way that was useful to the communities it served, rather than simply completing the tasks I had initially envisioned. My understanding of impact therefore shifted throughout the LiA; pressure to produce specific outputs became a broader conversation about community engagement, interdisciplinary collaboration, and the long-term sustainability of Proximity Care. Looking back, these barriers were not obstacles, but navigable conditions that pushed me to be flexible, curious, and willing to listen. Most importantly, I learned that effective leadership in an unfamiliar environment

begins with humility, where meaningful contribution does not always mean arriving with answers but being willing to learn what the community needs.

The core of my leadership development throughout my LiA manifested through cultural humility, active listening, and problem-solving. Sidelining my inherent biases allowed me to question whether my instinctive solutions were appropriate for the Tuscan context. Recognizing the limits of my own perspective and remaining open to being changed by others is a skill I want to carry in my career as an aspiring physician-policymaker. Bridging language differences, professional disciplines, and different levels of healthcare expertise allowed me to develop confidence in asking questions, clarifying, and synthesizing different perspectives. Rather than dwelling on straying away from the goals I initially laid out, I developed flexibility without losing sight of the broader purpose. Ironically, this is all evidenced in my final "Proxy Stay" presentation: turning an evolving experience into a concrete sustainability/transition framework.

Zooming in on cultural humility, I tried to approach the experience as a listener first. Rather than assuming what communities needed, I sought to get in tune with local healthcare professionals, government officials, and residents and allow their perspectives to shape my understanding of Proximity Care. One particularly memorable example was speaking with a teacher from Barga during Proxy Village. Although we had very limited shared language, I learned to communicate through gestures, humor, and attentive listening rather than treating the language barrier as a reason to disengage. The interaction reminded me that meaningful cross-cultural engagement does not always require perfect communication; it requires empathy, openness, and a willingness to meet people where they are. Ultimately, I learned that cultural humility is less about becoming an expert in another culture and more about recognizing the limits of my own perspective and remaining willing to learn.

Employing technology to address real healthcare access gaps, however, is far from flawless and can have real ethical implications. The responsible implementation of innovation in rural settings through Proximity Care brought up various accessibility and equity considerations, balancing concerns regarding paternalistic patient-provider relationships and the appropriate prioritization of urgency over evidence. When creating my final project sustainable engagement, I didn't (and still don't) have all the answers, but it was important for me to internalize these dilemmas, observe them, and develop awareness of the tradeoffs involved in public health resolutions. Ethics is an inextricable part of leadership that must be at the forefront of your work—it's not just *what* you can do, it's about *who* you do things for. Without evidence, accountability, equity, and transparency, well-intentioned interventions quickly garner unintended, destructive consequences.

These core tenets are also what made the Proximity Care team so wonderful to work with. Everyone had a clear sense of the mission and stuck to it, chipping in where they could to engage with the community or meet a new legislator or come up with alternative solutions for challenging problems. I had the privilege of working with professors, PhDs, postdocs, clinicians, nurses, engineers, municipal leaders, government officials, community members, and other students through training modules—talk about an interdisciplinary haven—which gave the group so many perspectives to work with. Challenging problems were challenging to different people for different reasons: engineers had a more technical standpoint, while clinicians were more patient-focused, and researchers considered metrics for evaluation while government representatives were faced with system constraints and the lived experiences of communities. Some would argue that too many cooks in the kitchen can be obstructive, but the greatest opportunities for collaboration came from when each party stepped back and forward in

harmony. Being willing to disagree, listen, learn, and adapt created a space where effective teams can challenge ideas without undermining one another. These environments, ones that are curious and complex and bursting at the seams with passion, are where I thrive. Embracing such unfamiliar situations, listening rather than declaring, and allowing these perspectives to change my thinking and work is exactly where I want to be.

These lessons, and my entire experience in Pisa, completely redefined my journey as an aspiring physician-policymaker. Tackling research, healthcare, policy, and eventually clinical leadership in complex health systems requires moving between evidence, institutions and communities. I will be forever grateful that my time with the Proximity Care team gave me a taste of this difficult, but rewarding work, and I have an insatiable hunger to continue fighting for it. I want to be a leader who remains curious when answers are unclear, listens when perspectives differ, adapts when plans change, and thinks critically about the consequences of the decisions I make. More than any individual skill, that mindset is what I hope to carry forward from this experience.