2014 ANNUAL REPORT

Development in People-Centered Nursing Care at St. Luke's International University
PCC Research Department







JUNE



Name of the Center & Location

St. Luke's International University (SLIU) WHO Collaborating Center for Nursing Development in Primary Health Care

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Name of the relevant department, unit, section or area of the institution

College of Nursing

City Tokyo

Country JAPAN Reference Number JPN-58

Title SLIU WHO Collaborating Center for Nursing Development in Primary Health Care

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Welcome to Japan and St. Luke's International University (SLIU); Introducing Japanese Trends in Longevity and People-Centered Activities in SLIU



St. Luke's International University, College of Nursing
SLIU, Research Center, Department of PCC development
SLIU WHO Collaborating Center for Nursing Development in Primary Health Care

Tomoko Kamei, RN, PHN, PhD.

The St. Luke's International University (SLIU) World Health Organization (WHO) Collaborating Center for Nursing Development in Primary Health Care is one of only two nursing and midwifery institutions in Japan formally recognized by WHO as part of its global network of collaborating centers in nursing and midwifery. SLIU recognizes the challenges of developing People-Centered Care (PCC) models in Primary Health Care.

Japan is facing "Super-Ageing in a Low Birth Rate Society". This issue is becoming a global problem, affecting an increasing number of countries. The Japanese life expectancy of males, now 80.2 years, and that of females, now 86.6 years, (Ministry of Health, Labor and Welfare, 2014), are the longest life expectancies for both sexes in the world. However, the increasing proportions of older adults aged 65 and over (25.1%) is resulting in a greater number of cases of neuro-cognitive disorder and dementia. About 20% of urban older people live alone in Japan (Cabinet Office, Government Japan, 2013) and 8.9% of those in rural areas live alone (Ministry of Internal Affairs and Communications, 2013).

High-rise apartments characterize all large cities in Japan, and improving the QOL for urban dwellers is a concern because urban older adults are at risk of isolation and loneliness. Kamei's (2005) community assessment documented an increasing proportion of people aged over 75 years and found that 30% of older people were at risk of depression. For children and young mothers, one effect of urban life and a nuclear family structure can be decreased socialization with other generations and as a result some young nuclear families experience difficulties with child-rearing. Relationships between older adults and young families in the community are complicated by geographical separation.

People-Centered Care (PCC) is a process of nursing care aimed at improving the information literacy of community residents, thus helping them to make shared decisions in partnership with health professionals. This supports the process by which community residents address health challenges. . Our WHO CC provides 15 community projects for young mothers and families, young children and school-aged children, young women, adults and older adults, and older adults suffering from dementia.

Currently, non-communicable diseases such as cardiovascular conditions, cancer, diabetes, and chronic obstructive pulmonary disease account for 63% of all causes of death worldwide (WHO, 2012). The WHO is promoting appropriate eHealth service planning in each country by establishing and adopting resolution WHA58.28. This promotes the use of eHealth, utilizing ICTs, as a new medical service to support home care (WHO, 2005; World Health Assembly, 2005). Adoption of generic platform ICT is having a strong impact on the Millennium Development Goals for 2015, as set out by the United Nations (Gilhooly, 2005). In particular PCC enables people with health literacy needs to use ICT to search for and receive information and support to help them make healthcare decisions.

People-centered health care is a special initiative in WHO Western Pacific Region (WPRO) and people-centered health care is an umbrella term which better encapsulates the foremost consideration of the patient across all levels of health systems (WHO, 2014). Since 2003, SLIU has been providing PCC projects at St. Luke's Research Center for PCC Development for twelve years. Our experience will be important not only for our country but also countries which has realized issues related to longevity. We would like to share our experiences and gained wisdom to the world.



Establishment and Activities of the Center

Ever since St. Luke's International University (SLIU) was designate as a WHO Collaborating Center for Nursing Development in Primary Health Care (PHC) --- People Centered Care (PCC) --- in 1990, it has played a central role in nursing education, practice and research. To fulfill the roles of this center, the SLIU has collaborated with domestic and WPRO and AFRO nursing research and educational organizations.

The Center has been conducting research to improve the quality of nursing in order to meet the nursing needs of an advanced country. Also, by taking into account the current state of PCC in PHC, the center has begun development of a PCC model needed in the 21st century and an international collaboration model.

As well as the Center delivering annual report on its activities to the WHO Headquarters, and other regional centers throughout the world, books, periodicals, publication and information are sent to the Center from the Headquarters, other regional centers and various nursing academies. These publications are maintained in the library of St. Luke's International University.

Terms of Reference --- Our Activities ---

- 1. In agreement with WHO, evaluate and further develop nursing models of People-Centered Care, based on the values of PHC, and to contribute to Millennium Development Goals and address the needs of the ageing the population.
- Contribute to WHOs work in expanding maximal utilization of health workers through nursing leadership in People-Centered Care, and capacity-building and advancement of interdisciplinary Advanced Nursing Practice (ANP) education and service delivery.
- 3. Support the work of WHO in implementing research and system changes which improve the education and advanced practice of nurses and midwives in PHC.
- 4. Further progress towards MDG Maternal and Child Health targets through expanded regional and global partnerships.

Structure of the Center

The Center is connected to all WHO Collaborating Center for Nursing as part of the Global Network. As a subsection of the Global network, it belongs to the Western Pacific region (WPRO).

GLOBAL NETWORK



WHO Region for Africa (AFRO)

WHO Region for the Americas (AMRO)

WHO Region for the Eastern Mediterranean (EMRO)

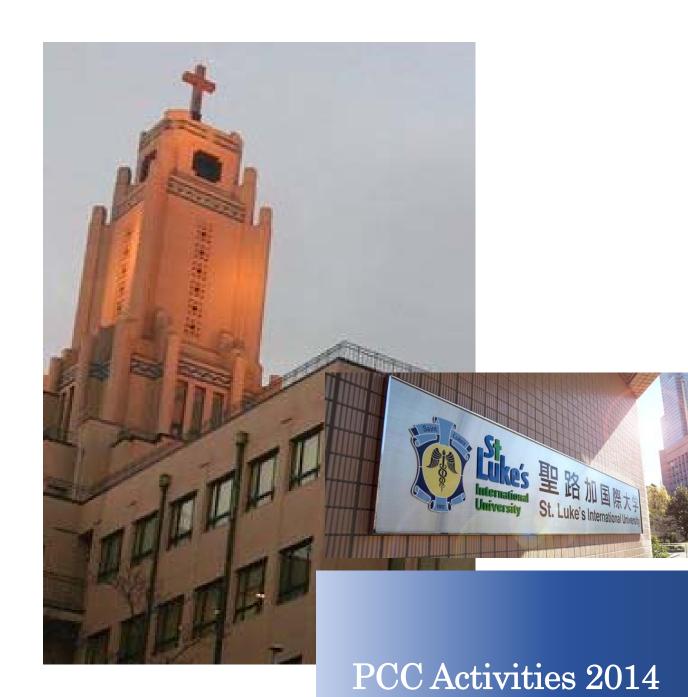
WHO Region for Europe (EURO)

WHO Region for South East Asia (SEARO)

WHO Region for Western Pacific (WPRO)

About St. Luke's International University (SLIU)

The SLIU was first founded in 1920 as the College of Nursing at St. Luke's International Hospital. Then in 1964, the College of Nursing was formed to develop nurses with professionalism and sensitivity based on the spirit of Christianity. The college began offering a master course in 1980 and a doctoral course in 1988. While emphasizing graduate education, the college has incorporated transfer and credit programs. The aim of the SLIU is to contribute to the society by providing high-quality PCC and nursing education, research and practice. Also, in April 2003, the Research Center for Development of Nursing Practice was established to gather scientific data for the health problems associated with the Super-Aging Society with low birth rate and to investigate and develop methods to provide PCC in partnership with the public. In 2014, the name of college was changed to St. Luke's International University.



TOR 1

In agreement with WHO, to evaluate and develop further nursing models of People-Centered Care, based on the values of PHC, to contribute to Millennium Development Goals and address the needs of ageing the population.

No	Title of Activity / Responsible person	
1		Development of Health Navigation for the Community Individuals
Ŀ		Keiko Takahashi, RN, PHN, PhD.
2		Development of Intergenerational Care Model for Health Promotion
		Tomoko Kamei, RN, PHN, PhD.
3		The Development of Child and Family-Centered Care Model for the People
		Yaeko Kataoka, RN, CNM, PhD.& Ikuko Oikawa, RN, MNS
4		Development of Women-Centered Care Model for Health Promotion
		Akiko Mori, RN, CNM, PHN, PhD.& Naoko Hayashi, RN, PHN, PhD.
5		Development of Elderly-Centered Care Model for Home Care & Health Promotion
		Tomoko Kamei, RN, PHN, PhD.& Fumiko Kajii, RN, PhD.

TOR 2

To contribute to WHOs work in furthering maximal utilization of health workers through nursing leadership in People-Centered Care and capacity-building and advancement of interdisciplinary Advanced Nursing Practice (ANP) education and service delivery.

No	Title of Activity / Responsible person	
6		Development of Team Building Capacity for Graduate Students in Advanced Nursing
		Michiko Hishinuma, RN, PHN, PhD. & Tomoko Kamei, RN, PHN, PhD.

TOR 3

To support the work of WHO in implementing research and system changes which improve the education and advanced practice of nurses and midwives in PHC.

No	Title of Activity / Responsible person	
7	a	Organizing a Caring Community for the People with Genetic Disorders
		Naoko Arimori, RN, CNM, PHN, PhD.

TOR 4

To further progress towards MDG Maternal and Child Health targets through expanded regional and global partnerships.

No	Title of Activity / Responsible person	
8	**	Collaborative Development of Master's Program in Midwifery at Muhimbili University
		Shigeko Horiuchi, RN, CNM, PhD. & Yoko Shimpuku, RN, CNM, PhD.
9		Collaborative Development of Master's Program in Community Health Nursing with Islamic University in Indonesia
		Junko Tashiro, RN, PHN, PhD.

Activity 1

< by Keiko Takahashi, RN, PHN, PhD. >

Development of Health Navigation for the Community Individuals

The wide trend of internet usage sometimes made the non-health professional citizens to be confused about selecting the right health information. We aim to improve health literacy among community individuals through a health navigation center, *Luke-Navi*. Luke-Navi provided five community-based health service activities; (1) health navigation, (2) health screening such as measurement of blood pressure, bone density, height, weight and BMI, (3) health related library, (4) health-related mini lectures and mini music concerts, and (5) a relaxation tea lounge.

Outcome

In total, 3045 community visitors participated in our activities, and created adult and older adult learning groups in our urban community. Also, they enhanced health literacy through health related mini lectures and library. Participant satisfaction score measured by the 10-point VAS* was 9.0 on average. In 2014, 25 community volunteers and 11 medical volunteers (nurse, doctor, dietitian, dental hygienist) contributed to this program. Through this process, we formed cooperative ties with hospitals and coffee shops in total of 50 facilities, which put up our posters in the neighboring community.

< Improving Community Mental & Physical Health and Reducing Medical Costs >

In short, this program strengthened mental and physical health of the community people and contributed to reducing the soaring medical cost through developing the health literacy of the Super-Ageing urban community. Devoted volunteer staff enabled this program to be low-cost, and motivated elderly volunteers to work in the community activities. As "super-ageing" is one of the most serious and common issues in the entire developed countries and is dramatically becoming prevalent in middle and low income countries, our program is expected to provide a new model of enlightening local community for this issue.

This health navigation model, the citizens as a driver and health providers as a navigator is unique and new. Plus, internet is widely used in developing countries, and we plan to promote this model to the Asia region, so that people can choose the right health information.

Reference

- 1) Naoko Arimori, Junko Tashiro, Keiko Takahashi, et al. (2014). Practice and Evaluation of Japan's People-Centered Care Nursing Models, the 17Th General Meeting of the Global Network of WHO Collaborating Centers for Nursing & Midwifery development in Coimbra, Portugal.
- 2) Keiko Takahashi, Naoko Arimori, Michiko Hishinuma, et al. (2014). Evaluation of the Activity for Health of the Local Community: LUKANAVI Health Navigation, Managed by St. Luke's International University. The 9th St. Luke's Academia, in Tokyo, Japan.



health counseling



mini health-related lecture



health check

Activity 2

by Tomoko Kamei, RN, PHN, PhD. >

Development of Intergenerational Care Model for Health Promotion

The "Nagomi-no-kai" is a gathering session which provides weekly intergenerational day program for older adults and school aged children to enhance intergenerational relationships and to promote health in an urban community.

To prevent elders from becoming home-bound and to promote their physical and mental status, and maintain and/or improve their quality of life by providing a meaningful destination and to encourage their energetic participation, a people-centered intergenerational day program was provided in a college building once a week by nursing faculty, nursing students and volunteers living in Tokyo which is super-aged urban community.

Outcome

In 2014, fifteen female older adults [mean age 83.2 (range 72-92)] and six school age children [mean age 11] registered for the program. Five undergraduate students had two days practicum at this program and facilitated intergenerational exchange skills and knowledge. Students took a role of program facilitators, health educators, and communication providers for both generations. Community volunteers also supported this program and actively participated in this program.

< Improving Quality of Life and Reducing Medical Costs >

Our intergenerational day program showed high satisfaction among both generations; the mean VAS* scores of the program were 9.3 point among older adults and 7.6 point among children. This indicates that the program provided mutual benefits and solidarity. The program is considered to decrease isolation among the older adults, provide them with positive mental effects, and bring children's positive perceptions toward the elderly.

The program improved older adults' mental health, quality of life and helped maintain physical status, and enhanced children's perceptions of older adults. The program improved relationship among the two generations. We found that overall interactions were well. However, interactions between children and older adults with dementia or senility were lower than the other older adults.

In short, this program is the example of prevention of depression and isolation as well as promotion of social participation among older adults. This program reduces medical costs as the elderly keep their health and everyday life in the community. In Confucian culture, family is considered very important; however, the tendency of nuclear families spreads not only in Japan, but also China, Korea, Australia, and other high and middle income countries. This program promotes interaction among different generations, which is useful in recovering the lost family connection.

Reference

- 1) Yuko Yamamoto, et al.: Evaluation of intergenerational exchanges between older adults and school aged children in an urban community, Part 1: Contents specific evaluation of the intergenerational program, The 19th Annual Meeting of Japan Academy of Home Care, 69, 2014.
- 2) Tomoko Kamei, et al.: Evaluation of intergenerational exchanges between older adults and school aged children in an urban community, Part 2: Intergenerational evaluation by the participants' characteristics, The 19th Annual Meeting of Japan Academy of Home Care, 70, 2014.
- 3) Tomoko Kamei, et al.: Intergenerational support handbook for healthcare & community providers and volunteers, editing, 2015.



Activity 3-1

< by Yaeko Kataoka, RN, CNM, PhD. >

Sibling Preparation Class --- Development of Child and Family-Centered Care Models

In the community of depopulation, the existence of a new baby is precious. As families with one child are increasing, young families have become unfamiliar with taking care of multiple children; however, there was no education program for the family and young children to welcome a new family member. The purposes of this sibling preparation class were; (1) prepare older siblings for a new role, (2) understand the mechanism of pregnancy and childbirth, and (3) join in the childbirth.

Outcome

A total of 77 families were enrolled in the sibling preparation program. The participant satisfaction score measured by VAS* was 9.2 on average. Overall we received positive responses from participants.

We had clarified the concerns and needs of pregnant mothers toward their family and health care providers (Kataoka et al., 2008). This year, we conducted interviews with fathers who participated in the sibling preparation class in order to describe their concerns about the older child and needs toward the class. Fathers' concerns were categorized as follows; [confused about how to care for the older child], [anxious to fulfill their responsibility for children], [excessive expectations for the older child]. Articles of the classes were published in newspapers and journals in Japan.

< Family Education on Welcoming a New Family Member >

In short, this program met the needs of parents and young children who are not familiar with the role changes when having another new baby. Especially children understood and enhanced their health literacy level. This program can be duplicated in countries that need sibling preparation, which facilitates family ties and child development.





Activity 3-2

< by Ikuko Oikawa, RN, MNS. >

Family-centered care models

--- The Development of Child and Family-Centered Care Models

The purpose of this program was to develop and enhance Child-Family Centered Care, through educational programs for parents and people working with children, and to share information and experiences about child's health.

Core members of this program were clinical nurses, public health nurses, dental hygienists, child care nurses and Child Health Nursing faculty members. Topics of seminars were; 1) Cavity prevention from minus one year old --- the things we can do now, 2) Child's CPR & First Aid, 3) Child's allergy, and 4) Prevention of infection diseases.

Outcome

In 2014, four seminars were held to enhance and to develop the knowledge and skills of Child Care. The participants continuously increased, and approximately 200 families and people related to child care attended this year. They actively exchanged their questions and opinions through the programs. The following themes on the evaluation form were rated high by the participants; "gained new knowledge", "clear to understand", and "helped by having baby-sitting available".

< Learning Family Safety >

In short, the program addressed the needs of families who want to learn family safety. This program facilitated family development. The baby-sitting during the seminar was popular, but the safety management should be conducted more carefully. The program can be duplicated as the knowledge and skills of child care are important for any other contexts. With this program, parents become more literate and autonomous for their own children's health and safety, which can enhance Family-Centered Care model in the community.





Activity 4-1

< by Akiko Mori, RN, CNM, PHN, PhD. >

Health Promotion During the Reproductive Age: Rukako's Salon

--- Development of Women-Centered Care Models for Health Promotion

We had provided women time and space for them to talk and share experience about reproductive health by collaboration of nursing professionals and peer support groups.

The purpose of this activity was to provide place and opportunity for women to let them share in a relaxed environment their emotional distress regarding the fertility problem, and to provide relevant medical or psychosocial information from fertility nurses.

Outcome

In 2014, we opened the salon nine times in the afternoon of Saturdays. In total, 59 women participated in the salons. Certified nurses in infertility nursing and self-help group members attended the salon as facilitators. For the question from participants, the nurse provided knowledge and information. 74% of participants were 35-44 years old. 81.6% of participants gathered information from the Internet. 10% were repeaters. The impression after the participation was "I learned a lot," "I was encouraged," and "I felt uplifted". For the future, the participants would like to learn about termination of infertility treatment, activities such as aromatherapy, and to have men's attendance from infertility couples.

< Reaching Out to Women in Infertility Care >

The program is a new care model for infertility couples and can be duplicated in countries facing the issue of infertility, such as China, South Korea, and Australia. Infertility issues are prominent in developed countries, but it exists in any places. For example, when women are infertile in developing countries, they are often discriminated or marginalized. As this program uses internet for calling for participants, it can be applied to recruitment of marginalized population. The findings suggest women struggling with infertility need expert and peer support as well as support from the partner.

Reference

2014 St Luke's International University Research Centerr PCC annual report.





Activity 4-2

< by Naoko Hayashi, RN, PHN, PhD. >

Educational Program for Preventing Cervical Cancer for Young Women

--- Development of Women-Centered Care Models for Health Promotion

We developed an online educational program concerning prevention of cervical cancer (CC) and have been evaluating the effectiveness for reducing CC risk in young people. We developed following four programs; (1) oncofertility educational program for nurses, (2) educational program for palliative care nurses at home, (3) educational intervention on promoting breast awareness for women, and (4) educational program concerning cervical cancer prevention for young women.

Outcome

Program (1) is still undergoing. For program (2), fifty-five nurses in total participated in the lecture sessions and 7 of whom took part in the clinical practicum. We have been collecting and analyzing the follow up data of this program. For program (3), fifty-two women (mean age 49 yrs) participated in this study and the findings suggested that the program led increased self-efficacy of breast self-examination, increased implementation of breast self-examination and MMG check-ups. For program (4), eighty-seven nursing students were recruited and 37 students completed the follow up online tests. They implemented the program depended on their transtheoretical model. The results indicated the educational program significantly contributed for acquirement of accurate knowledge, however, made neither change of transtheoretical stage nor increase of immunization ratio.

< Providing Comprehensive Knowledge on Cancer and Lowering Treatment Cost >

In short, this program provided comprehensive knowledge to women about cancer. The programs were derived from the needs of women and covered a range of women's cancer issues. Especially the issues related to oncofertility are still quite untapped and can provide important implications for any other countries. It enhanced cancer literacy especially among women and facilitated prevention and early detection of disease as well as self-care for their own health. This results in lowering the cost of cancer treatment.

Reference

1) Hayashi, N., Mori A., et al. (2015) Oncofertility of female cancer patients: a literature review. 29th Annual Conference of the Japanese Society of Cancer Nursing (JSCN) (in Yokohama)

2) Takahashi, N., Hayashi, N. (2015) Decision making process concerning oncofertility of female cancer patients. 29thAnnual Conference of the Japanese Society of Cancer Nursing (JSCN) (in Yokohama)

- 3) Kumada, N., Hayashi, N., et al.(2015) Effect of online educational program concerning cervical cancer protection on student nurses' risk control behaviors. 29thAnnual Conference of the Japanese Society of Cancer Nursing (JSCN) (in Yokohama)
- 4) Suzuki, K., Ohata, M., Hayashi, N., et al. (2014) Effect of educational program which promotes breast self-care to find early stage breast cancer. 34th Annual Conference of Japan Academy of Nursing Science (JANS) (in Nagoya)
- 5) Nakayama, N., Hayashi, N., et al. (2014) Advanced nursing practice for home palliative care. Japanese Journal of Cancer Care, 19(6), 609-612.
- 6) Hayashi, N., Suzuki, K., et al. (in press) The points child-rearing women and breast cancer survivors think of as the key for promoting breast cancer screening. Health Care.
- 7) Suzuki, K., Hayashi, N., et al. (in press) Development and evaluation of breast cancer educational program focusing on protection and early detection. Health Care.







Online educational contents (example)

Activity 5-1

< by Tomoko Kamei, RN, PHN, PhD. >

SAFETY on! Fall Prevention Program for Older Adults Living in the Urban Community
- Development of Elderly-Centered Care Model for Home Care & Health Promotion

As 20-30% of older adults fall a year, and half of the elderly who fell become confined in bed. This changes the structure of family function, and such older adults tends to die from pneumonia. 'SAFETY on!' program provides a multi-dimensional fall prevention program for older adults living in the community. 'SAFETY' provides **S**afety and foot care knowledge (eg. slippers & footwear), physical **A**ctivities & efficacy, **E**oods and nutrition, home **E**nvironment, **T**ablets & medication, and e**Y**esight awareness. We included these keywords in the program and developed educational materials, such as leaflets, wall tapestry, stickers and magnet and toe exercise towels in order to enlighten-fall prevention awareness for the older adults.

Through this program, physician, public health nurse, nurses, and health exercise instructor researcher enhanced competency for fall prevention education strategies.

Outcome

A total of 104 older adults were registered and 98 met the eligibility criteria. They were randomly assigned to either the intervention group (using education materials of fall prevention awareness) (n = 54) or the control group (n = 44). Fall occurrence ratio during 12 weeks showed 7.4% in intervention group and 9.1% in control group (RR= 0.82, 95%Cl= 0.231-2.873; ARR= 0.017, 95%Cl= -0.075-0.109, NNT= 59). From group interviews with both of the groups, both of them talked about growing fall prevention awareness. The intervention group posted wall tapestries and magnets to visible locations in their home and frequently recalled the contents of fall prevention education, and they talked to families and visitors about fall prevention behaviors, but a significant difference in the fall occurrence ratio was not observed between the two groups. Despite of the slight difference, these "SAFETY on!" education materials were sustained and utilized by the intervention group during the 12 weeks, and the materials were effective in keeping fall prevention awareness active in the intervention group. These materials have the potential and would be useful for conscious prevention of falls persistently among community dwelling older adults.

< Awareness Education for Fall Prevention for Active Aging & Reducing Medical Costs >

In short, the program had some effect on preventing from falling in older adults. Fall prevention can reduce medical and surgical expenses and hospital stays. For active ageing, it is necessary even for developing countries to prepare for upcoming ageing issues. The educational materials and multi-dimensional fall prevention program can be used in any different contexts, especially for older adults over 75 years old. We hope to expand the program in other Asia countries for the purpose of global prevention of fall issues.

Reference

- 1) Tomoko Kamei, et al,.: Final report of Development and validation of effectiveness of comprehensive fall prevention "SAFETY on !" program for community dwelling older adults, Grant-in-Aid for Exploratory Research 2012-2014, KAKENHI.
- 2) Kamei, T., Kajii, F., Yamamoto, Y., Irie, Y., Kozakai, R., Sugimoto, T., Chigira, A., and Niino, N.: Effectiveness of a home hazard modification program for reducing falls in urban community-dwelling older adults: A randomized controlled trial. Japan Journal of Nursing Science. 11(3). 2014.1-14. doi: 10.1111/jjns.12059.
 - 3) Home page http://www.kango-net.jp/koureisya-kango/tentou_kossetu/
 - 4) Exercise video http://www.kango-net.jp/koureisya_kango/tentou_kossetu/gakusyu.html

Activity Photos



Learn safe home environment with residential mock-up.



Exercise program for fall prevention



Education materials for fall prevention

- ① fall prevention leaflet
- 2 wall tapestry
- 3 sticker
- 4 magnet
- 5 toe exercise towel

Activity 5-2

< by Fumiko Kajii, RN, RD, PhD. >

Support & Training Program Development for Family Members Caring for Elderly with Dementia at Home

- Development of Elderly-Centered Care Model for Home Care & Health Promotion

The prevalence of dementia is increasing especially in countries with rapid ageing issues. At the early stage of dementia, family members tend to struggle from sudden changes and become exhausted. This program develops support and training program for family members of elderly persons with dementia.

Our program consisted of 3 parts; 1) Short Lecture (30 min.): Understanding dementia (disease and symptoms), How to interact with dementia patients, Life review for dementia patients, Memory book for dementia patients and their families, Multi-generation interaction and dementia care, and Effective use of home-based services and facility services, 2) Refreshing Time (30 min. ~ 1 hr.): Art therapy (glass jewelry making), Aroma therapy / Hand massage, Foot care massage and Flower arrangement and 3) Group Discussion (30 min. ~ 1 hr.): Concerns regarding daily caregiving, Caregiving hints for daily life and Information recommended for other caregivers, etc.

Outcome

There was a significant change in the coping strategies before and after the family caregivers' participation in the program.

Actions taken	Before → After 1 year
$Consultation\ from\ administrative\ institutions\ or\ experts\ such\ as\ physicians\ and\ nurses$	20% → 80%
Change of mind by seeing friends or doing what he/she enjoys doing	20% → 80%
Sharing difficulties and concerns regarding caregiving with family members and other people $ \begin{tabular}{ll} \hline \end{tabular} $	0% → 53.3%
Respecting the feelings of the dementia member by trying to communicate with $\frac{1}{2}$	53.3% → 80%
Paying better attention to his/her own health	53.3% → 80%
Asking family members and other people for help rather than trying to do everything on his/her own	20% → 53.3%

< Improved Mental Health of Family Caregivers with Dementia Patients >

Twelve family caregivers caring for elderly with dementia at home participated in the eight programs this year. They obtained much knowledge from the program about dementia, and skills of caring and approaches to help elderly with dementia, along with troubleshooting solutions. The number of coping actions between before and after the program had increased in particular. Along with acquiring knowledge, the time they spent talking with other family caregivers and flower arrangement had given them a chance to refresh their body and soul.

Reference

- 1) Kajii F., Chigira A., Kamei T.: Changes in the ratio of the positive response for coping strategies before and after the family caregivers' participation in the Program, JHCA 2014, Fukuoka, Japan.
 - 2) http://www.kango-net.jp/ninchishou/program/index.html



Discussion



Flower arrangement

Activity 5-3

< by Tomoko Kamei, RN, PHN, PhD. >

Home Monitoring-based Telenursing for COPD Patients to Enhance Self-Management for COPD and Quality of Life

- Development of Elderly-Centered Care Model for Home Care & Health Promotion

WHO warns that COPD (chronic pulmonary disease) is becoming the 4th cause of deaths in the world. COPD is an inflammatory disease mainly due to tobacco, and 33% of the patients in stage 4 are re-admitted to hospital for rapid exacerbation. One hospitalization costs around 620,000 JPY (6,000 USD), and of course, patients suffer a lot for difficulty in breathing, which reduces quality of life. Therefore, it is important for nurses to detect early stage of exacerbation. To prevent exacerbations of COPD, we have been developing a new home monitoring–based telenursing system. The new system included tablet PC as the patient's terminal, and Bluetooth non-wired data transfer system, which involved blood pressure, pulse rate, body weight, walking counter, and pulse- oximetry via a tablet PC, and the internet. It was adopted for elderly COPD patients to self-measure and easily send the physical and mental data to the nurses' monitor center.

Outcome

This year, we had a telenursing practice seminar for health professionals and also developed telenursing system using Bluetooth wireless communication technology. We completed the development of telenursing system, and are currently collecting trial data.

We held telenursing practice seminars to spread telenursing in Japan. Ten nursing faculties and other professionals participated in the seminar and participants' seminar satisfaction was 8.9 on the 10 point VAS*.

< Preventing COPD Exacerbation and Reducing Medical Costs >

In short, this system is useful for monitoring and preventing the rapid exacerbation of COPD patients, and it was well-accepted by the professional community. It would reduce the incidence of re-hospitalization and emergency medicine as well as the burden of hospital visits. This results in decrease of medical expenses. The system was developed collaboratively with the University of Queensland, Center of Online Health. This system can be used even in developing countries if there is internet connection and TV. Especially countries with high tobacco prevalence will face this issue of COPD in 30-40 years.

Reference

Kamei N., Nakajima N., Tofukuji I., Kamei T., Nakayama Y., Kajii F., Chigira A., Yamamoto Y.: Development of Telenursing system by mobile devices-The design of mobile devices for patients-, LIFE 2014, Hokkaido, Japan.



TOR 2 - PCC Activities 2014 -

Activity 6 < by Michiko Hishinuma RN, PHN, PhD., Tomoko Kamei RN, PHN, PhD. > Development of Team Building Capacity for Graduate Students in Advanced Nursing

It is the global need to improve effectiveness of teamwork in interdisciplinary medical treatment.

In order to enhance capacity of advanced nurses to work with collaborative health teams, a new educational course had been be developed and implemented. This course consisted of five steps including: 1) understanding system approach of health team, 2) simulating interprofessional approach by Michigan Model, 3) internship of team approach at model institutions, 4) practicing and demonstrating leadership in interprofessional team and 5) evaluating own practice and presenting implications for future innovation of practice.

Outcome

A team building class (1 credit, 30 hours) was opened in the master-level course. Thirteen students (34.2%) participated in this class. Three final reports (master's theses) were completed focusing on the team building and people-centered care.

< Educating Students on Importance of Team Building and Team Work >

Team approach is very important in health care to improve conditions of people. All of the students who took this course understood that team approach was promoted by communication, leadership, membership and partnership. It is important to understand and utilize strengths of one another. This game-based learning system changes the traditional hierarchal system, and improves power balance among team members. In short, the activity-based program was effective for team building with high student satisfaction. This program is effective for educating graduate nursing students in advanced practice nursing.



Activity 7

< by Naoko Arimori RN, CNM, PHN, PhD. >

Organizing a Caring Community for People with Genetic Disorders

We aim to organize a caring community for the people with genetic disorder such as Down's syndrome. This project involves patients, families, family associations, health professionals and nursing students in order to identify health and support needs of the patients. Using community-based participatory approach, we had periodic meetings between participants and staff to monitor the progress of community enlightenment.

Outcome

In 2014, nursing students, graduate students and graduates joined these activities as volunteers and had opportunities to learn how to take care of Down's syndrome.

We succeeded in continuing the project for three years. In a questionnaire survey, participants gave 9 points out of 10 in VAS*. The parents of children with Down's syndrome requested the project to be continued the following year. Management of the project was handed over to the representative of the parents from medical staff (nurses), and nursing students and graduates would be continuing to participate in the project as workforce.

Although the parents were not able to actively participate in the program at the beginning, they began to participate positively throughout the years. It was what we learned from "The Meeting of Parents of Down's Syndrome". In addition, the specialists who ran the program realized the effect of the program from parents and children of Down's syndrome.

< Enlightening the Community to a Genetic Disorder-Friendly Community >

The field of genetic nursing is growing globally, and it is another important issue that nursing professionals must face. This type of primary health care that facilitates parents of children with disability should be discussed and applied to other countries, especially where women tend to deliver in later stage of their life, with consideration of human rights.

Reference

http://narimori2.jpn.org/polka/



Activity 8 < by Shigeko Horiuchi RN, CNM, PhD., Yoko Shimpuku RN, CNM, PhD. >

Collaborative Development of Master's Program in Midwifery at Muhimbili University

(Linkages WHO's OSER and KRA's: SDSNW KEAS 3,5, WPR HR AP KRAS 2,4 WPR HRH OWERS 10.009)

This project is a combination of education, research, and partnership development. By putting collaborative efforts for establishing the midwifery master's program at Muhimbili University in Tanzania, which is the first one in the country, partnership model of global collaboration is developed.

Outcome

The curriculum for the midwifery Master's program in Muhimbili University of Health and Allied Sciences (MUHAS), which had been developed from 2011, finally started in October 2014. The opening ceremony of the program was held in December 8th, 2014, with the attendance of the Ambassador of Japan, the Vice Chancellor and the Dean of MUHAS, and the President and the Professor of our university.

After enrolling 9 students in the Midwifery Master's program, one of the faculty members from our university visited to teach in the program. Another professor and the president of our university observed student presentations and commented on them. In addition, 6 master's students from our university visited Tanzania and provided presentations to midwives in the Muhimbili National Hospital (MNH). Furthermore, we developed a Master's program with JICA, Japan International Cooperation Agency, to send our students to Tanzania as a volunteers. They will contribute to better practice and management.

For trainer training, two faculty members from Muhimbili University and one midwife (clinical instructor) from MNH studied at our university in October 2014. They learned about midwifery education and practice in Japan.

< Global Collaboration to Support Lower Resource Countries >

In short, to improve health-workforce shortage and difficulties, it is necessary to encourage international collaboration among universities to advance nursing education in low resource countries. The strengths of universities are that they could develop and evaluate the activities with human resources and research grants. The win-win collaboration can sustain; research publication would be positive outcomes for everyone involved in the activities. This collaboration model can provide lessons learned and technical support for other Asian countries that plan to work with African colleagues.

Reference

- 1) Yoshiko Kawano: Comparing the Questionnaire Outcomes with Cognitive Interviews after a Reproductive Health Program among Adolescents in Rural Tanzania, St. Luke's International University, Graduate School of Nursing Science, Tokyo, Master thesis, 2014.
- 2) Shimpuku, Y., Fumoto, A., Oba, K., Kawano, Y., Niitsuma, Y., Iwai, K., Oka, M., Nagamatsu, Y., Horiuchi, S. Expansion of the International Cooporation Seminar in Women's Health and Midwifery, the Graduate Program, to Tanzania. St. Luke's International University Bulletin, 1, 46-51, 2015.
- 3) Shimpuku, Y., Horiuchi, S., Nagamatsu, Y. The Foundation of International Cooperation in Graduate Midwifery Education: Lesson Learned from Tanzania and Future Development. St. Luke's Academia, January 30, 2014.





Activity 9

< by Junko Tashiro RN, PHN, PhD. >

Collaborative Development of Master's Program in Community Health Nursing with Islamic University in Indonesia

This program aimed to develop a master's program in community nursing at Islamic University of Indonesia (UIN) to promote the health status of the community. We developed a community health and nursing practicing model for prevention and health promotion in rural Indonesia. The model was reported at the 10th Conference of the Global Network of WHO Collaborating Centers for Nursing and Midwifery, and the first international nursing seminar in the region (Region IV of West Java) was held for nurses and nursing students.

Outcome

A seminar on systematic literature review for evidence-based nursing and research was held at Universitas Muhammadiyah Yogyakarta (Muhammadiyah University of Yogyakarta). Two PhD students have conducted research with Indonesian research partners of UIN and Stikes Indramayu.

< Effective Communication and Understanding Community Background >

We learned two lessons from this international collaborative study with Indonesian researchers. The first is the importance of effective communication among team members. This effective communication needed good leaders of both Indonesian and Japanese researchers who can communicate with their own team members as well as with counterparts. The leaders of this team have been working together for more than five years, thus we could effectively work as a team. The second is that preventive health behaviors of people with hypertension in rural community in Indonesia were influenced by religious beliefs. It is essential to understand cultural and religious background as we conduct a study with international team.

Reference

- 1) Tashiro, J., Maftuhah, Mizutani, M., Lily, Y., Heri, S. & Ogata, A. (2014, July). Collaborative reformation for strengthening community health nursing in Indonesia Preliminary analysis of the curriculum. The 10th Conference of the Global Network of WHO Collaborating Centers for Nursing and Midwifery. Coimbra, Portugal.
- 2) Mizutani, M. (2015). Development of a preventive and promotive health behaviors model for middle-aged people with hypertension in rural West Java, Indonesia. Unpublished doctoral dissertation, St. Luke's International University, Tokyo, Japan.



Seminar at UMY



Our activities were featured on the local newspaper (Radar Indramayu, December 13, 2014)



Nursing May 2015 Vol. 67 No. 6 (Published on April 9, 2015)

地域住民のヘルスリテラシー向上をめざす People-Centered Care (PCC) の取り組み

PCCを基軸とした実践研究

WHO 西太平洋地域(WPRO)では、People at the Center of Care を削げ、保健医療サービスの利用者を中心としたケアを 発展させるほかの活動を展開している。製造加速原大学研究センターでは、PCC 実践規算研究原に、WHO 看護開発協力センターの 事務同を選金、21世紀 COE プログラムで設定上げた People-Centered Care (市民を主人公としたケア、以下: PCC) を要称に 研究機能とする情報を終わっている。

センター事業の1つには、市民1人ひとりが、自分の健康を自 分で守る社会を必じた「報路別種便計せスポット: おかなび」 (以下: るかなび)という誰もが利用可能な健康信報サービス 事業がある。この「おかなび」では、2013 年度より文部料学権の 私立大学戦略的研究基準形成支援事業の助成を受け、市民 (地域程度)のハレスリアラン一の向上に寄与するアクティブ・ラ ニングの教材開発に焦点を当てて取り組んでいる。本稿では、 その取り組みの一配を紹介する。



市民が求める健康情報を探すお手伝いを 由門教がデーアルス

市民のヘルスリテラシーを高める「るかなび」

「るかなび」は、製活加加膨大学 2 号館 1 期において、軽速機と可書のコーディネートの下、医療専門機が作民ポランティアとともに、 利用者が大める他原物権を変する場では、そ一緒に行う健原権機を、関係が、民族系制度かけ、アンットを構えた建築情報サービスを 市民に提供している。2014 年度は3000人以上が「るかなび」を利用した。現在「るかなび」では、市民(地域住民)が健康で医療 に関する情報を採り、提解し、評価に、活用できるが「ヘルスリテラシー)を認めることを主な名目的に取り組んでいる。

具体的な計画として、①地域に公開している大学図書館「あかなけ」が備えるべき適切な健康情報の整備を行うこと、②市民(地域住民)のヘルスリテランーを認めるための健康情報の採し方、健康情報の評価方法における e-learning 数材の作成を行うこと、③ 大学問書館定地域公共同書館との連馬のあり方を検討すると同時に、市民(地域住民)と指揮学生、教理員がたに学ぶかのアウァイ・ラーニングを活用した学話方法と、市民(地域住民)にとってよりアウセスしやすく、利用しやすい情報発信の方法を検討することを考ざれる。

医療系大学にある「あかなび」を地域社会に公開し、市民 (地域住民) のヘルスリテラシーを高める行動を支援することは、健康な 暮らしに貢献する拠点としての、医療系大学の新しい存在価値を社会に提示することになると考える。

Nursing March 2015 Vol. 67 No. 3 (Published on February 16, 2015)

不好・好媛などリプロダクティブ・チョイスをサポートする"ルカ子・サロン"を開催

開催の概要

単認加の名前を基にした"ルカチ・サロン"は生殖で前にある女 性を主な対象とし、各年度に 9 回、第 3 土曜日の日中 2 時間 に開催している。前身の"ルカチ・ウインズベルスカフェ"は女性が 正しい知識、安心と世間のではフログライブ・チェイズができるよ つに支援することを目的とし、女性のかぶ・妊娠・出席をかくるテ ーマで学びるは、形りつ・単型として Women-Centered Care (以下: WCC) モデル + 8 薬に開催されていた。



"ルカ子・サロン"の準備

本事業は*サロン*という事業をのとおり、語の合うことに、よりフォーカスし、当事者同士の相互交流に、より特化した事業として 2013 年度より開催している。お茶を飲みながらかふたりとした雰囲気の中で参加者の語りたいことをテーマとしたがしゃべり会という形で交流の場 を押止しいる。

参加者に応じて5~6人程度のグループに分け、自己紹介を含めてのブリートークを行う。またグループには1~2人、生殖者運の専門家や不妊症者運移定者運移がから、参加者は仲間向士の交流を楽しみながら、医療・健康上の疑問を気軽に質問でき、正しい医学的細胞、医療・循環情報を得られる場として機能している。

17: 80

本学研究センターPCC(People-Centered Care) 実践開発部で開催される事業は他し物変的 (冊子) および同センターの Web サイト (http://rcdnp.stcn.ac.jp/pccconter/) で広報活動が行われている。それらに加え、開催日時を記載したチラシを作 成し、自動グループのWeb サイトや当事者が薄潔している blog に掲載、不妊症者違認定者遺跡が高する間東近郊の原産機関に 倍電金を依頼して本事業の原理・契約といる。

教育の場としての役割

1年に1回、11月に本学教育センターの認定看備が教育課程(不妊症看備コース)に在籍する研修生が"ルカチ・サロン"にて集団指導を行っている。企画運営には自動グループの協力も得て、講座とおしゃり会という組み合わせで開催する。

研修生は 2 チームに分かれて構築のサブテーを決め、自動グループのスタッフから動画を得ながら企画から確認・実施までを行い、 おしゃべり会自働のプループのほグによって当事者とベリエける集団指導を体験する。特殊生は市民との協権における学びを実施して 水の、最重要指定・サンロルるのとのものをなってから、これの

今後の展望

"ルカチ・サロン"の開催は同じ悩みを持つ仲間との交流を持ち、参加者が看漏機から正しい知識を得る機会となっている。自助グループや不妊症者振認定者連続にの協権によって事業限開を行っており、WCC モデルの実践の形の1つである。今後も女性の自分らしいリプロタラ・グ・チョイスやセルファアを支援する場として解核していまたい。

* WCC モデル:女性を中心としたケアモデル

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認知症高齢者とご家族への「思い出帳(メモリーブック)」づくりプロジェクト

People-centerd health Care (PCC) の理念

WHO 西太平汀地域 (Western Pacific Region) は、取り組みの主要課題の中で、ヘルスケア提供へのコミュニティの網絡が変 化してきていることを挙げている。人々は、ヘルスケアが生物原学的および技術的側面ではなく、人の心理社会的ニーズに集点を当てる 無要性に気づいている 1)。そして、保健制度、組織や医療従事者がその人"を捉え、尊奉し、全人的アプローチを引き受けることを開 後しているようとはないよ

認知症高齢者へのライフレビュー提供の取り組み

認知应高齢者は家族や介護者がたばにいても、親しい人々や仕事・役割といったさまざまな喪失体験、疾患の進行によって、徐々に 社会や者との交流が減少する。さらに認知機能障害のため、抱いている不安や混乱。今何を必要としているかを周囲に伝えることが 同額となる。

ライフレビューは、人が成長発達過程に沿って、幼少期から青春期、成人期と頃に振り返り、自身の体験やそのときの思いを想起する プレセスためる。さらに共振的な競争年によって、構造的・倒粉的・持種的に振り返る要素を含んでいる。認知広急診者を対象 としょに研究はまた彼少ないが、損なわれていく馬朝記師に働きかけることから、認知広急診断に行っことが可能と示唆されている。ライフレ フェーニよって表現出を促し、前後でララッ気が中日学生気行動の変化などを思える限り組みを考えた。

本プロシェクトは、軽度から中等度の在宅認知度高齢者とその事族介護者を対象として公募し、聖銘加国際大学研究センターにお いて 4~5 回のライフレビューセッションを行うものである。同回テーマを決め、想起の手がかりとして古い写真や思い出の品を持参してもら い、語られる高齢者の経験や思いを聴き取ること、その外容を形に残していく点が特徴である。

ライフレビューと思い出帳(メモリーブック)



「思い出帳(メモリーブック)」を

ライフレビューに使用した写真、および想起された内容と本人の 言葉を書き加えて「思い出帳」(メモリーブック)を作成する。作 成後は高齢者が手にできる場所に置いてもらい、1 カ月後に介 議者・介護支援専門員・訪問看護師らに使用や行動変化の様 子を舞ねた。

これまで 14 組の対象者にフインピューを実践し、ラン気分の 軽減が示された (p=0.04)。ライフ・ピューの場面では、家族 介護者は高齢者が生活史や勝情を生き生きと表出する様子を 見聞きし、高齢者の思いに寄り添ったを体験していた。また。自 ら思い出格を配く、家族と一緒に親めて当時の話をする。昔の習 情を思い出して行う。家族介護者が高齢者の生き方に気づな どが報告される。

Nursing November 2014 Vol. 66 No. 12 (Published on October 18, 2014)

WHO 看護・助産開発センター・グローバルネットワーク総会/学術集会報告

本年 7月 28・29 日の 2日間、ポルトガルのコインブラ大学を会場として、WHO 本部、各地区の看護アドバイザー、各センター代表の参加の下、2 年ごとの第 17回 WHO 看護・助産開発センター・グローバルネットワーク総会が開催された。

本総会の会場となったコインブラ大学看護学部は、イベリア半島初の看護開発協力センターとして要項を受けており、木総会に合わせ で任命の発用が開催された。ヨーロッドにおいては、大学教育の歴史自体は古いものの、看護教育の高等教育程限への移行が遅れ、 看護・助産用発センターの数は限られている現状である。今回、ボルトガルで看護・開発センターができたことは、ボルトガル部座の看護・ 助産用分、ひいては高等教育化への発展の表れと考えられる。



現 WHOCC 事務局 (Dr. Isabel A. C. Mendes : ブラジル・写真左から 2 人目) と次期事務局 (Dr. John Daly : オーストラバア・写真中央)

また、本総会では 2008 年から 6 年間、グローバル・ネットワークの事務局 ためったブラジルのサンパリカスチャトファクのトモー耳科大学 へ事務局を移行する式が行われた、移行後に新事務局のドモー工目人学生がグローバル・ネットワンバー元をにヒールルゲー斉配信され、WPROコポルーティングセンター間のコミニケーション体 別の強化やグローバル・ネットワークの新汀フェブサイトに対する星見事的など、平虚、機能的なリーダーシップが発達されている。

(http://www.globalnetworkwhocc.com/)

総念に先立ち開催された第 10 回 WHO 看護・助産開発センター・グローバルネットワーク字析集会 (7 月 23~25 日) に、報信 加国版大学 WHO コボルーティングセンター事務局メンバー3 人 (国際部時長・PCC [People-Centered Care] 東北州発展が 節制長・PCC 東護開発研究師事任研究員) が出席した。同学が集全でエントリーされた漫画域は、総計 7700 漫画以上を扱るポリュームで、総参助西書放好は 2000 人に上を個兄弟のであった。7 月 24 日には、1990 年の委職以母、現在プライツーベルスクア看護 開発協力センターとして 6 期回を務める本学 WHO コボルーティングセンターの研究活動報告として、Practice and Evaluation of Japan's People-Centered Care Nursing Models'の漫画でパスターセッションに参加した。本学 WHO コボルーティンセンターで 2012~2013 年に无途を行った 16 の PCC プロシェクトについて利用者高足度振興を行い、実際結果より明らかになった PCC 評価を今後の課題について発表し、参加者との意見を決しませた。4 後の課題といて発表し、参加者との意見を決しませた。4 次の一般に対しているの意見を記しませた。 18 では、本学センターがおってまた PCC 研究を確認した。18 では、大学にカーが大学によったの意見を記しませた。 18 では、本学センターが、18 では、大学にカーが大学では、大学にカーが大学である。 18 では、大学にカーが大学では、大学に対している。 18 では、大学にカーが大学に対している。 18 では、大学に大学に大学に大学に大学に大学に大学に対している。 18 では、18 では、

* UHC : Universal Health Coverage

WHO News in the Journal of "Kango (Nursing)" 2014

ursing July 2014 Vol. 66 No. 9 (Published on July 22, 2014)

2011年3月11日の東日本大震災のあと、People-Centered Care (PCC) 活動の一環として福島県内で支援活動を続け てきた*。被害の大きさとその後の復旧の遅れにより、多くの人々の生活基盤が今もなお揺らいている。福島県内の人々の生活を知り 思いを知り、それが健康に及ぼす影響について知ることは、日本全体が直面している超高齢社会の課題を直視することにつながると考え、 訪問看護認定看護師教育の一部として、福島県内での実習を企画し、実施したので報告する。

本学の認定看護師教育課程訪問看護コースの研修生23人は、全町住民が逃難している福島県富岡町からの依頼を受け、「きぼ うときずな」の活動の一部として、町の健康診断の場で健康相談と健康講座「ロコモ体操で健康寿命 UP」を開催した



健康講座では広いスペースをお借りして、ロコモティブシンドロームの予防講座を開催 した。これは研修生が半年前から準備を進めてきたもので、市民にわかりやすい 10 分 間の講座とロコモティブシンドローム予防のための体操を組み合わせた講座であり、研修 生と参加者が一緒に体を動かす笑い声のあふれる講座になった。参加者は健康診断 に来た方々で、椅子に座って順番待ちをしているところに声をかけて参加を呼びかけた。 参加者の反応として開始直後は体操することを恥ずかしがるような様子が見られたが、 体操が終わると「最近、体動かしていないね。もう1回やろうか」などと笑顔が見られた。

健康相談ブースには20人を超える相談者が訪れ、思い思いの限りごとや悩みを語った。健康診断を受けるために町民が集うと、震災 前の隣人や震災直後に避難所で生活を共にしてきた知り合いに再会し、近況を報告し合う様子と、震災直後の避難所での思い出話 をしたり、その後の生活でもままならない思いを打ち明けあっている様子が見られた。「眠れない」とか「腰が痛い」といった身体症状の訴え だけではなく、「いつまでも自分の本当のうちに帰れない」という先の見えない不安や、やり場のない傾的も語られていた。また、多くの相談 者は喪災や原発事故による人のつながりや住まいの喪失だけでなく、3年間の避難生活の中で、死別や老い・疾患による健康状態の喪 失体験を重ねていた。

研修生は相談者のつらい状況に圧倒され、「自分は何もできない」と無力感にさいなまれることもあったが、解決できない問題ばかり に目を向けるのではなく、解決可能なことから考える姿勢で、じっくりと対象者と向き合い、心身の状態をアセスメントして相談をすることの 重要性と、その術について学ぶことができたようだ。

PCC の看護実践は、そのことを経験している当事者に接して初めて知り得ることから、看護として何ができるのかを考えていく活動で ある。貴重なきずなをたどることで行き着いた経験知を次の希望につなげることを参加した研修生がそれぞれの場で展開していってほしい。

※聖路加国際大学は、NPO 法人日本阻床研究支援ユニット理事長の大橋靖雄教授(東京大学医学系研究料、福島県出身) が立ち上げた、「きぼうときずな」プロジェクト(http://kiboutokizuna.jp/)に賛同し、震災直後の 2011 年 4 月から協同して福島

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2014 年9イ国マヒドン皇太子賞会合報告 (The Prince Mahidol Award Conference: PMAC)

2014年のPMACは「平等な健康のための必容学習 ほテーマに 1 月 27~31 日、94国バタヤで、62 カ国から 543 人の参加者と 国際保健のパートナー機関が一掌に会して開催された。

マヒドン皇太子賞会合 (PMAC) とは?

この PMAC は、グローバルに重要な健康問題に関連した政策に焦点を当てた国際会議であり、マヒドン皇太子紀念財団、世界保健 機関(WHO)、世界銀行(World Bank)、アメリカ合衆国国際開発庁(USAID)、国際協力機構(JICA)、ロックフェラー財 団、China Medical Board の共催で 2007 年から行われている。加えて、グローバルヘルスへ貢献のあった施設・活動に賞を授与して

グローバルヘルス政策の焦点と 2014 年 PMAC

グローバルヘルスの今日の課題は、健康状態の国、地域、世帯間の格差となってきた。その健康格差に対処する重要な戦略が保健 人材の量的・質的強化 (Scaling up) とその政策である。2014 年 PMAC は、WHO の The World Health Report 2006 Working together for health -- のフォローアップの意味もあり、健康格差のある人々にアプローチできる保健専門場の教育、教育組 織・政策に関する議論が進んだ。

- 公的なサマリーは、今後出版される予定であるが、各セッションには報告者が配置され、その報告のまとめが観察セッションでなされた。 1. 対処すべき課題: 人々の平等な健康は、グローバル、地域、国のユニバーサル・ヘルス・カバレッジ (UHC) * が基盤となるが、未
- だ適切な質のサービスができていない。その問題のネックは、保健人材と保健制改である。
- 2、保健人材の護策と戦略:必要な保健人材の流出、高齢化による保健・福祉人材の需要の増大、保健人材市場の拡大により、 保健人材配置に格差が生じ、その結果、健康格差が生じている。改善の義務として、効果的な保健人材改築の計画と管理が、 高所得国においても、低・中所得国においても必要である。こうした背景の下、これまでの保健人材育成・教育の改革が必要となっ てきた。しかし、保健・医学教育機関において、特に、人権意識や社会正義、社会への説明責任性に関するかリキュラムや学習環 境は対応できていない。
- 3. 教育とヘルスシステムの改革の動向:教育は、コンビテンシー基盤の学習、専門珊瑚連携教育やチーム形成、柔軟なモジュール 式のかりキュラム、地域エンゲージメントの経験学習、バランスのとれたオンラインと臨地学習、統合的教育での学習、継続的リーダー シップ開発等の話題が討議された。教育機関は、これまでの"象牙の塔"からの脱却と革新的な学習法の導入――病院基盤の教 育から地域基盤の教育への移行の推進について話し合い、特に、教員の能力開発の重要性について強調した。



会合の最後に、グローバルヘルスに貢献した施設が表彰され た(写真)。2014年の看護施設への賞は、ノースカロライナ 大学チャベルヒル校であった。

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聖路加看護大学大学院におけるチームビルディングカ育成プログラム

People-centerd health care (PCC) とは

WHO 西太平洋地域(WPRO)では、WPRO 保健部門による特別な取り組みの 1 つに"People at the Center of Care"を挙 げ、保健医療サービスの利用者を中心としたケアを発展させるための活動を展開している。 世界的にヘルスケア提供の形が変化し、「社会・経済の発展」「教育や情報入手の機会の増加」「急激な消費拡大とその結果として

コンピニエンスグッズ*へのアクセス増加」「科学技術の進歩」は医療提供者へのコミュニティの期待を変化させている1) People-centerd health care は、従来の患者中心のケアとは異なる。これはヘルスケアシステムの中のあらゆるレベルにわたって

"患者のことを一番先に思いやること"と要約できる包括的な用語である1)

1948年の国連の世界人権宣言以来、国際的な宣言には、人々のエンパワーメント、主体的参加、発展のプロセスに家族と地域社 会が中心的役割を果たすこと、男女差別ほかすべての差別を維廃することが中心的な価値や原則に位置づいている。健康支援にあた っては、利用者が意思決定に参加する権利と義務を持つこと。これが PCC の中心的な概念である。

People-centerd health care の特徴

患者・家族にとっては、健康リテラシーを向上させるためのわかりやすい健康情報や教育へのアクセス、医療機関・治療等への公平なア クセス、医療機関とつながり、ヘルスケアをコントロールするためのコミュニケーション・相互連携と尊敬・目標設定・意思決定・問題解決・ セルフケアのスキルを持つことなどが特徴である 1)。

医療従事者にとっては、ヘルスケアを提供するための全人的アプローチ、患者とその決定を尊重する、ヘルスケアを求めている人々のニー ズを認識する、ニーズに合うコミュニケーションスキルと信頼の構築などにより、質の高い、安全で倫理的なケアを行う、専門分野を横断し たチームワークによるケアを継続的に保証することが必要である 1)

聖路加看護大学大学院

「チームビルディングカ育成プログラム」

これらの特性を備えた保健医療チームをつくり、それを牽引し、PCCを実践できる人材を育成するため、本学修士課程では、「チームビ ルディングカ育成プログラム」を 2010 年度より開始した

既存の修士課程のカリキュラムとの整合をはかり、領域横断的な教育である。講義では「PCC 特講」「システムズアブローチ」「保健医 療におけるチームと発展段階」などを学習し、演習ではチームビルディングカを身につけるためにミシガン大学から講師を招請して「チャレン ジプログラム」²⁾ を取り入れ、体験型学習サイクルを用いた演習を合宿により行い、その中にチームによる事例検討会を統合的に組み込 んで、チームをつくるプロセスを学習した。その後、国内で先進的なチーム医療を実践している機関の見学実習を行い(以上1年次) その後 2 年次の実習・課題研究では履修者の専門領域において、チームの課題等を取り上げ、研究的にまとめるという全体構成として

すでに 48 人が履修し、参加前後の評価から、相互独立的・相互協調的自己観尺度、およびチームアプローチ尺度によるチームビル ディングカは向上し、本プログラムの成果が示唆されている3

今後、履修者の課題研究にどのように生かされるのか、また、修了生が高度看護実践においていかにチームをつくり、牽引するのか、長 期的に観察する必要がある。 ※本事業は2011~2013年度文部科学省大学改革推進等補助金「専門的看護師·薬剤師等医療人材養成事業」によ

る事業の一部である。

- 1) WHO : People at the Center of Care, 2013
- www.wpro.who.int/health_services/people_at_the_centre_of_care/en/)
- 2) ミジカン大学ナインジブガラ32。 (2013. (http://www.rosports.umich.edu/chailenge) 3) 単計者・傾向組化・上海防衛主衛・後土護衛手・止たがイングガ海合物でシーブガウ54。炉前ル上級美球コース原格布の ナームレルディング機能の後化プガウジイ機・保証が高半大陸、第3号、30-546、2013.
- *使用頻度・即時消費性が高く、購入頻度が高いため、代替品でも質的な変化もあまり変わらないと顧客が考える商品

St. Luke's International University has academic exchange agreements with 11 institutions:

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Syarif Hidayatullah State Islamic University Jakarta (Indonesia),

Yonsei University, School of Nursing (Korea),

Trinity University of Asia, St. Luke's College of Nursing (Philippine),

Kaohsiung Medical University, College of Nursing (Taiwan),

Muhimbili University of Health and Allied Sciences, School of Nursing (Tanzania),

Mahidol University Faculty of Nursing, Mahidol University Faculty of Medicine, Ramathibodi Hospital (Thailand),

University of California, San Francisco, School of Nursing (USA),

Oregon Health & Science University, School of Nursing (USA),

University of Illinois at Chicago, College of Nursing (USA)



Trinity University of Asia, St. Luke's College of Nursing (Philippine)



Syarif Hidayatullah State Islamic University Jakarta (Indonesia)



Oregon Health & Science University, School of Nursing (USA)



McMaster University School of Nursing (Canada)



Mahidol University Faculty of Nursing, Mahidol University Faculty of Medicine, Ramathibodi Hospital (Thailand)



Yonsei University, School of Nursing (Korea)



Kaohsiung Medical University, College of Nursing (Taiwan)



Muhimbili University of Health and Allied Sciences, School of Nursing (Tanzania)



University of Illinois at Chicago, College of Nursing (USA)

