



Annual Report
St. Luke's College of Nursing
WHO Collaborating Centre for Nursing Development
in Primary Health Care
2008



St. Luke's College of Nursing
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ANNUAL REPORT 2008

1. Name of the Centre

WHO Collaborating Centre for Nursing Development in Primary Health Care

2. Address

St. Luke's College of Nursing, Department of Nursing

10-1, Akashi-cho, Chuo-ku, Tokyo 104-0044, Japan

Phone : +81-3-3543-6391 Fax : +81-3-5565-1626

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3. Head of the Centre

Professor Michiko Hishinuma, Dean

4. Terms of reference of the Centre

- 1) To evaluate and develop further nursing practice models in primary health care (PHC) contributing to Millennium Developmental Goals as well as aging societies.
- 2) To identify and promote nursing leadership in primary health care.
- 3) To research, develop, and disseminate best practice examples with evidence in order to lead collaboration and empowerment of individuals and communities with regional and global peers, networks, and organizations.
- 4) To support research and system changes contributing to improve education and practice of nurses and midwives in PHC.

Brief Description of Main Activities.

Health Information Service Center for the Community

Health information center for the community will be further developed. The health information service center will provide resources (professionals and health volunteers) to enable people to obtain knowledge and skills enabling them to be confident and to control their health.

In 2008, a Health Information Center called “Luke-Navigation” provided mainly: “Health Counseling”, “Quick Health Examinations (blood pressure, bone density, physical measurement and BMI)”, “Health Information Provision”, “Open Health Library”, as well as “Lunch time Mini Health Lecture and Music Concert”, and “Relaxation Tea Lounge (herb tea, and tea ceremony)” In addition, the center services participated in several events in our community such as health and social well-fare festival and other festivals.

Project leader: Prof. Michiko Hishinuma

The number of user of the services in 2008 was 1,140 and approximately 10% increased compared with the year of 2007. Approximately 80% of our users were female and half of users were middle aged people in their 50s and 60s.

聖路加健康ナビスポット:るかなびの紹介



「心とからだの健康相談」 “るかなび”はこんなところです。

聖路加健康ナビスポット“るかなび”は、看護大学が開いています。健康・からだ・病気のことなど、普段ちょっと気になっていることを相談できるところです。

“るかなび”のスタッフ(看護職など)は、利用される方との一対一の面談を通して、気になっている健康問題を、一緒に考える姿勢を大切にしています。また市民と看護大学の交流の場として、地域に根付いた活動に取り組んでいきたいと考えています。ミニ健康講座や、ミニコンサート、ハーブティー、茶道などのイベントも定期的に行っております。どなたでも、無料でこれらのサービスを利用していただけれます。

場所は、東京メトロ日比谷線築地駅から徒歩で2分、聖路加看護大学2号館の看護実践開発研究センター1階です。

まずは、一度お越しください！

[るかなびのホームページ](#)

東京都中央区築地3-8-5 [地図はこちら](#)

1) The team members of the Center were: two coordinators (one nurse and one librarian), volunteers (nurse and 21 community members, trained by our community training program), faculty members and staff (librarians), graduate students, psychologists, and nutritionists. The role of the two coordinators is very important in providing coordination among professionals and community health volunteers.

2) Graduate students (master's and doctorate) interested in health communication participated actively in those services. Our under-graduate students also visited the center periodically and develop pamphlets on health information as a part of class activity for fundamental nursing.

3) Evaluation

- We asked users about their satisfaction with our services provided by using a post card questionnaire. Response rate was 76%. The mean score of satisfaction of our services was 9.24 with 10-point scale.

- We focused on osteoporosis prevention and conducted a needs survey on knowledge and lifestyle behaviors related bone density because of large number of middle aged users. We received 360 responses. We are analyzing and developing learning materials for middle-aged community members.



Interdisciplinary Elder-Centered Care Model

The Elderly-Centered Care Model based on an interdisciplinary approach will be developed

The name of this project was “Effectiveness of an Intergenerational Day Program for the Mental Health of Older Adults and Intergenerational Interactions in an Urban Setting: A Twelve Month Prospective Study Using Mixed Methods”. Project leader: Dr. Tomoko Kamei

We created a weekly intergenerational day program for community dwelling elderly and school age children and evaluated the effectiveness of an intergenerational day program in an urban community. A mixed-methods data collection was used with a longitudinal study. Faculty members, nurses, health volunteers, nursing students participated in this project.

Are findings were:

- 1)An intergenerational day program in an urban community for older adults and school age children prevents elder’ s isolation, gives provision of positive effects in mental health and improved elder’ s quality of life (QOL) and decrease depression.
- 2)For children, positive perception for the elderly was observed.
- 3)For both elders and children, positive effects were the mutually beneficial social relationships and communication, meaningful destinations (to the center) and the mutual beneficial exchange and solidarity between generations.

Community Based Palliative Care (Hospice Care at Home) Project

A community-based palliative care system named “Building a Community for Spending One’s Last Days at Home” will be further developed with the collaboration of community lay persons.

Project leader Dr. Masako Yamada

We, home visiting nurses and social workers, formed a group named “First Step for the Tomorrow” consisting of volunteers who finished a training course on hospice care. We, professionals and hospice volunteers had been working as a team in a community. In 2008 there were 24 working members. We visited and listened to three elderly living alone in our community. In 2009, we are planning to further develop an activity standard and improve home visiting care with collaborative activity of professionals and community volunteers.

The Development of Child and Family-Centred Care in the Community

Support networks between children, parents, and medical/ social welfare/educational sectors will be developed further in order to ensure the quality of home care provided for children with chronic illness and disabilities.

We provided four seminars with parents with children having chronic diseases and disabilities, and their teachers, social workers, and medical and health care workers. Total participants were 95 people. Topics were 1) first-aid and resuscitation for child, 2) children's food and nutrition, 3) health care for children in the winter, and 4) let's understand children with difficulties in communicate or responding to touch. Core members organizing the seminars were clinical nurses, public health nurses, school nurses; they developed 'identifying how we work with parents, school teachers and social workers'. We will continue this project and study how we can develop child and family-centered care in community.

Development of Systematic Nursing Service Management Education

We will improve a management education system tailored to nurses at all levels and in all roles, from students to mid-level nursing administrators such as clinical nurses and ward supervisors to senior administrators such as deputy nursing managers and deputy hospital directors.

Project leader: Dr. Toshiko Ibe

We provided a series of educational programs for undergraduate students, graduate students and approved continuing education first level, and second level of nursing administration.

Undergraduate education of nursing service management: Basic courses were provided to sophomore and senior students as a compulsory subject. Basic theory and the current context of nursing are taught in the sophomore year; they understood how nursing systematically provides care to people. For senior year students, while deepening their knowledge, which they studied in the sophomore year, they studied to identify some management problems of nursing and they also learned how to solve those problems. After this theoretical phase, we provided ward practice, called "Team Challenge", for the senior students as an elective subject. The features of "Team Challenge" were, (1) students have training according to the actual nurse's shift schedule, including night shift, and (2) they take charge of two or more patients. (It is very rare to provide night-time practice and/or an opportunity to take charge of multiple patients in Japanese nursing institution.) Students became an actual member of the nursing team, instead of just nursing students, through this practice. They can also grasp the reality of providing hospital-nursing care and learn about the various resources and team-work needed for 24-hour patient care.

We also provided nursing administration for master's and doctoral students and a continuing education course for nurse administrators. The continuing education course was called nursing administrators' "first level", carried out with the approval of the Japanese Nursing Association. It was an intensive course offered in the summer, for clinical nurses, ward supervisors, managers and administrators who both work and study.

We are planning to initiate a more advanced course called "second level" for nursing administrators in 2009.

Unification of these systematic education programs, from under graduate to continuing education, fosters the development of ('growing our own') talented nursing administrators in Japan.

Use of Quality Indicators to assure midwifery care standards

Quality Indicators (QI) for use in evaluating standards of labor and delivery will be developed based on the perception of the clients and consumers.

Dr. Horiuchi and her doctoral students developed a questionnaire to examine mothers perceived quality of care for pregnancy, delivery, and post partum. The questionnaire was developed based on a qualitative study on mothers, Quality of care was measured using 31 items in pregnancy, 35 items in delivery, and 37 items in post partum. Domains of quality of care were: explanations with supportive methods, individual respect and faithful relationships, and warm attitude of care providers.

Dissemination of Genetic Nursing Program

1. An educational program for children and parents sharing the information or experiences of their birthdays and discussing the importance of their lives will be developed, evaluated and reported.

2.3 We will conduct evaluation studies at schools, workplaces, and settings involved with genetic medicine in order to inform and develop future activities.

Title of this project: Effect of self-care support model to assist woman who uses fertility drug to feel comfortable and relieved of anxiety.

Project leader: Dr. Naoko Arimori

1. We visited two primary schools in our community, and one day care center for school children and provided an educational program to scholars and their parents about our life and birth. Approximately one hundred children participated in 2008. Educators were midwives working for St. Luke's International Hospital. Our undergraduate students also attended this life-education. Graduate students and faculty interviewed children to provide evaluation data of our educational program. Our participants reported that they understood how babies were born and how their own life was important as well as other people's life.

We plan to continue and develop this life education program for primary scholars, and will develop our training program for midwife educators, which will be augmented by sharing their educational experience using video-tapes.

2.1 We held an educational workshop about 'genetic nursing at our institutions'. Approximately 20 professionals participated. The evaluations indicated satisfied with the program. They indicated a high degree of interest in bringing this educational program to train nurses at their health care institutions. However, the funding ends in 2009, Our concern is how to continue this successful online education program after the funding ends.

2.2 We formed a consortium for educators supporting women's decision-making on reproduction. We met periodically in order to further develop this education. We conducted a concept analysis of "decision-making support". Next we explored the background of issues concerning decision-making and identified common issues related to three health problems: reproductive health, terminal care and oncology care. Our consortium consists of nurses, midwives, a health statistician, medical coordinator, and researchers in technology. In addition, we visited Ottawa Health Research Institute and learned their educational program for nurses. We will strengthen our consortium for education for supporting women's decision-making on reproduction.

2.3 We provided an open lecture for the community about genetic medicine. Approximately two hundred people participated. A majority of community people reported that terms used in genetic medicine were difficult to understand, although those individuals who had some kind of experience in genetic medicine, sought information on genetics. The participants requested provision of more cases or examples. Our undergraduate students also participated and learned about the health needs of individuals in the community.

We also had an exchange meeting with a consortium consisting of twenty groups of patients with

genetic diseases. Patient groups appreciated this meeting with nurses because genetic diseases were not commonly recognized; therefore, care systems and financial supports are not well established. Patient groups shared with us the difficulties of their life. Our graduate students described issues reported by patients with genetic disease.

Genetic nursing is not an established discipline in nursing; thus, we educated our undergraduate students through meeting with patient groups.

2. An educational program on heredity and life, targeting the public and professionals will be developed.

Dissemination of Health Resource Digital Contents and E-learning Program

E-Health Information via websites dissemination system and program will be further developed, and the impact and outcomes will be evaluated. Web2.0 trends and re-examining "Kango-net" will be reviewed.

"Kango-net" has been receiving approximately 20,000 hits per month and is increasing. [Online Health Consultation] has so far received approximately 60 inquiries. The majority of inquiries were concerning [Nursing schools (by high school students)], and [Nursing topics: nursing skills, definition of nursing].

市民と看護職を結ぶコミュニティサイト
看護ネット

サイト内検索 検索

English

看護コミュニティ

相談しよう・答えてみよう
みんなの意見交流の場
BBS よろず相談所

看護・介護の疑問や相談をご投稿ください。また、同じ悩みを持つ方、経験や関心がある方の返信もお待ちしております。

📅 **今月の看護師**
毎月、看護師が看護について身近なエッセイを綴ってゆきます。
住み慣れた病院から
地域生活へ移るとき
～看護師と伴走者
看護師大熊 恵子

看護の知識

看護とは

- ▶ 看護の定義
- ▶ 学問としての看護学
- ▶ 看護の歴史
- ▶ 看護の仕事
- ▶ 学問としての看護学(看護研究)

インターネット上の保健医療情報の見方

- ▶ 質の高い情報を探す
- ▶ 複数の情報を比較する
- ▶ 自分の責任で選択する
- ▶ トラブルにあった時は
- ▶ 参考になるサイト

EBMIによる患者中心の医療

- ▶ EBMI(エビデンス)に基づく医療

Nursing

看護ネットは市民の皆さんと看護職をつなぐホームページです。

よろず相談所 看護ネットは市民の皆さんと看護職をつなぐホームページです。

最近、書きこまれた相談一覧

- ▶ 血圧測定について
- ▶ 透析室看護師ですが、透析の認定看護の制度がいまいち分かり...
- ▶ アドバイスを下さい。
- ▶ 不妊治療について
- ▶ 准看護師の学校に通う2年生のオガサンです。教えてください...

🔍 **これまでの相談一覧**

🔍 **相談する**

🔍 **注目! 検索キーワード**

乳がん(179) 看護学校(147) 点滴(63) プラカバール(61) カテテル(47) 糖尿病(38)

イベント情報

イベントカレンダー

週ごとや月ごとに行われる催し物や講演会などのイベントをカレンダーで表示しております。

たのしくまなぼう 看護ネットキッズ

▲子どもと一緒に学んでみませんか!!

るかなび
聖路加健康ナビスポット

▲「るかなび」健康スポットです!

お役立ちリンク

- ▶ 看護団体 ▶ 看護協会
- ▶ 看護学会 ▶ 看護大学
- ▶ 遠伝看護系 ▶ 婦人科系
- ▶ がん看護系
- ▶ 在宅・高齢者ケア系
- ▶ 性暴力ケア系 ▶ 精神・こころ系
- ▶ その他プロジェクト

市民の健康に役立つ
北米大学のコンテンツ集

[相互リンクの募集 >>](#)
[相互リンクサイト一覧 >>](#)

アラカルト

今月の本棚

危険防止と安全な介護
【脳卒中編】
森田 竜治 永井

PICKUP

- がんと一緒に生きる
治療後のがん患者の体力回復運動
- 高齢者の転倒予防
転倒予防体操のビデオ
- 乳がん女性のために
乳がん女性の心と体のサポート
- 認知症高齢者を在宅で介護するために
認知症と在宅看護
- 不妊治療の今を考える
不妊の悩み
- からだの知識を子どもに伝えよう
「自分のからだを知らう」キャラバン
- 病院選びに役立つ
いい看護を受けるための3知識
- 病気のお子さんのいるお父さん、お母さんへ
子どもと家族中心

インターネット

Forming an Consortium for Facilitating International Nursing Collaboration Contributing to Obtaining the MDGs

A domestic consortium of faculty members in international nursing will be formed in order to share the information regarding international collaborations, and to standardized international collaborative works being provided by faculty members from each educational institutions in Japan.

Project leader: Dr. Junko Tashiro

We formed a Consortium for Global Health, Nursing & Midwifery in Japan.

We first conducted a mail questionnaire survey about current curriculum and issues of Global Health Nursing & Midwifery in Japan. Second, we invited faculty members teaching International or Global Nursing and Midwifery of master's as well as under-graduate programs, and formed a consortium for the study and continued development of Global Nursing education.

Three of the four higher educational institutions of master's level midwifery, and eight out of fifteen institutions which have International or Global Nursing agreed to be members of this consortium. We recognized that Global Nursing and Midwifery was an emerging discipline and we needed to share information and opportunities to learn from each other.





2. Other information related to the collaboration between the centre and WHO.

Dr. J. Tashiro worked as a resource person at both Bi-Regional Forum of Medical Training Institutions on People-Centered Health Care held in July 1-2, 2008 at The Bay View Hotel, Manila, and Bi-Regional Forum of Health Care Organizations on People-Centered Health Care held in March 26-27 at Manila Pavilion Hotel, Manila. She presented on Domain 1 of People-Centered Care; Informed and empowered individual, family, and community based on the outcome of People-Centered Care Project conducted by St. Luke's College of Nursing, Tokyo. Stop TB & Leprosy Elimination Unit of Western Pacific Regional Office was visited by center staff and students for latest strategy of TB control in Aug, 2008.

3. Collaboration with other WHO Collaborating Centres:

WHO C. C. at St. Luke's College of Nursing worked with Mahidol University in Thailand, Siriraj Hospital, WHO C.C. for Research in Human Reproduction, Yonsei University (Korea), WHO C.C. for Research and Training for Nursing Development in Primary Health Care, University of California at San Francisco (USA), WHO C.C. for Research & Clinical Training in Nursing , Columbia University (USA), WHO C.C. for Advanced Practice Nursing ,and University of Natal, University of South Africa, and Botswana University, WHO C.C. for Educating Nurses and Midwives in Community Problem-solving.