博士論文

# How do healthcare professionals and lay people in a community learn interactively?
# A case of trans-professional education

どのように医療専門職と地域住民は相互に学びあうのか？
トランスプロフェッショナルエデュケーション（職種を超えた連携教育）の事例

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# Content

**Abstract**

Transprofessional education (TPE) is an important extension of interprofessional education (IPE). In order to explore it further, a TPE programme was developed in a community in Japan. The research question was 'How health professionals and lay people learned with, from and about each other in a TPE program'.

The study was conducted in a community-based hospital and its related local community in Japan. Ethnography was the methodology used and the study participants were six lay participants from the community and five professionals working in the community-based hospital. During the health education classes, the author acted as a participant observer. The interview data and field notes were analysed using a thematic analysis approach.

The findings showed both healthcare professionals and lay participants learned through three stages; uniprofessional, interprofessional, transprofessional stage. The transformation was driven by dynamic interaction of the following four factors; clarification of agendas, identity transition, expanding roles and reinforcement of ties. Through the process, they became to feel collective efficacy and advocated inter/ transprofessional learning experiences. I believe TPE has big potential and hope this study helps all the healthcare professions to reflect on their inter/transprofessional learning.

(189 words in abstract)

**Keywords**

Interprofessional education (IPE), transprofessional education (TPE) , ethnography, partnership

## INTRODUCTION

In recent years, Japan has been experiencing the most rapid acceleration of aging population that the world has ever seen. (Naohiro Ogawa.Rikiya Matsukura, Amonthep Chawla, 2010) The National Institute of Population and Social Security Research projects estimated that the people age 65 and older will account for 39.9% of the total population in 2060. (Perelli-Harris et al., 2010) In medical practice, we have been seeing more and more elderly patients, with multiple coexisting chronic conditions and geriatric syndromes. (Imazio et al., 2008) Elderly people also tend to have social and economic difficulties in addition to the bio-medical problems, (Karataş & Duyan, 2008) which make the care of the elderly more complex. To provide the frail elderly with better quality of care, collaboration between all healthcare professionals involved in that care is essential. (Robben et al., 2012) To achieve this, interprofessional education (IPE) is necessary to prepare the healthcare professionals to work in this way.(Gilbert, Yan, & Hoffman, 2010) In 2010, The World Health Organization (WHO) published the report ”Framework for Action on Interprofessional Education and Collaborative Practice”. This recognized interprofessional collaboration in education and practice as an innovative strategy in mitigating some of the global issues in health, such as the ageing population.

At the same time, there has been increasing emphasis on patient involvement in the education of healthcare professionals based on a concept that “patients are experts on their own personal and cultural context and their own stories of illness” (CAIPE ; Centre For The Advancement Of Interprofessional Education, 2002; Towle et al., 2010). Frenk

et al. suggested that transprofessional education (TPE; IPE with nonprofessionals / lay people) is an important model which should be promoted as much as IPE. (Prof Julio Frenk MD et al., 2010) Taylor and Ewan also noted that transprofessional working needs fluidity of practice and understanding of professional boundaries.(Taylor & McEwan, 2012) It is essential for healthcare professions to make a decision with patients about their care as they are experts of their own illness. In addition, it is also necessary for healthcare professionals to collaborate with lay people when promoting community health because they are experts on their own context. Now we know that teamwork that includes non-professional health workers is of great importance for complex health systems.(Prof Julio Frenk MD et al., 2010) However, previous studies about patient involvement in education mainly come from uniprofessional (medicine (64%), nursing (15%) and social work (11%)) and only 9% from multi- or interprofessional. (Towle et al., 2010) Therefore promoting TPE, collaborating with non-professions, is necessary. However there is few literature on TPE case reports, though I find several papers explaining its related concepts.

Within this context, in 2010 a transprofessional education (TPE) programme for lay people and healthcare professionals was developed and delivered in hospital X. The first research question of this study was to clarify what healthcare professionals and lay people learned during/ after the TPE program. Through answering this question, I tried to fill the gap between the concept (or theory) and practice of TPE.

In addition, the purpose of the TPE program was to build partnership between lay people and health professionals through health education classes. In TPE, very few studies have revealed the process of learning - how health professionals and lay people

worked and learned interactively(Jill Thistlethwaite, 2012). The second research question of this study was; 'How do lay people and health professionals in a community learn with, from and about each other in a transprofessional education program?'

## METHODS

*Transprofessional education(TPE) program*

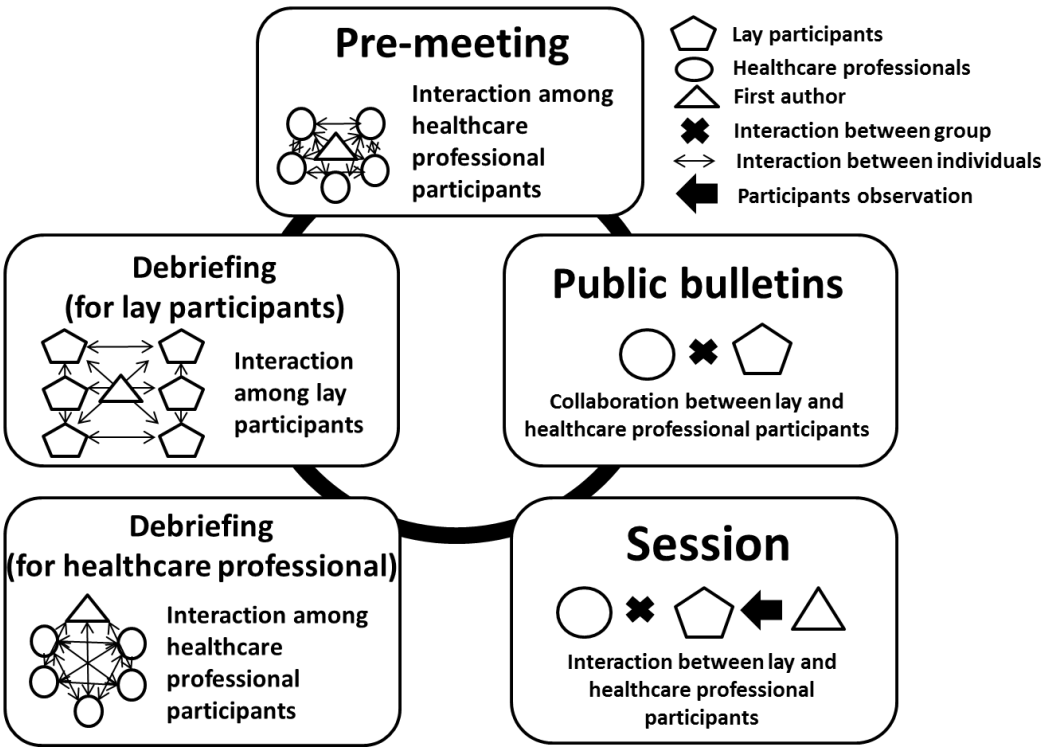
I developed transprofessional education (TPE) programme for lay people and healthcare professionals in 2010 and delivered in hospital X, a community-based hospital in Tokyo, Japan, and in the local community within easy visiting distance of the hospital where 16 % of the population is aged 65 and over. The author, an academic general practitioner, developed this TPE program which included seven health education classes for five healthcare professionals in hospital X and six lay participants living in the local area, by analysing health education needs, setting objectives, deciding learning contents and choosing style of form, with reference to Harden's 10-step approach in developing a curriculum (Table 1) (Harden & Davis, 1995).

Table1: Curriculum developed by modified Harden's 10-step Approach

| | Methods | Results |
|---|---|---|
| Analysing needs | JH conducted two focus groups, one for five healthcare professional participants (doctor, nurse, physical therapist, pharmacist and dietician) and the other for five lay participants. | The healthcare professional participants wished to share their expertise with other staff and the community members; the community members wished to develop better relationships with the healthcare professionals. |
| Setting objectives | The healthcare professional participants held two face-to-face meetings and an email-based discussion, and the lay participants held one face-to-face meeting to set the objectives. | a. To understand the importance of IPE through interaction.<br>b. To enable the lay and healthcare professional participants to get to know each other more. |
| Deciding learning contents | Ideas were extracted from both the lay and healthcare professional participants by group discussion. | a. Foot caring,<br>b. Selection of shoes,<br>c. Supplement and complementary food,<br>d. Advance directive document and Family care |
| Choosing style of form | The healthcare professional participants selected several interactional learning methods facilitated by JH. | a. Interacting lecture<br>b. Workshop<br>c. Narrative session<br>d. Demonstration<br>e. Simulation |

The term “health education” is used in accordance with the WHO’s definition, “any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes” (“Health education;World Health Organization,” 2014). Each health education class was carried out based on the following cycle; pre-meeting, public bulletin, session and two debriefing meetings (Figure 1). The debriefing meetings were organized a few days after each session, the one for the healthcare professional participants and the other for the lay participants, both facilitated by author to share participants’ perspective, values and standpoints.

Figure 1: Cycle of a health education class



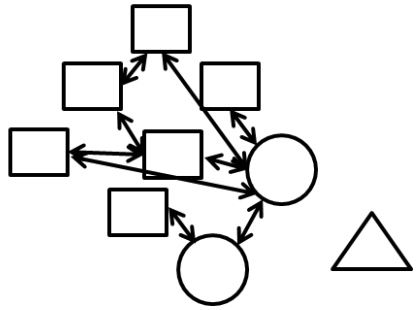
Seven health education classes included six classes with five different themes (e.g. end of life care) followed by the reflection session as the seventh class (Table 2). In all the classes, interaction among participants was promoted by small group discussion (Figure2).

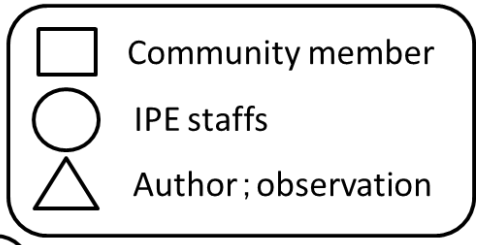
Table 2: Themes of health education classes

| | Date | Main instructor | Theme | Leaning methods |
|---|---|---|---|---|
| 1 | June 9<br>2010<br>2 hours | Author<br>(Physician) | Communication for connection | Interactive lecture and workshop |
| 2 | July 25<br>2010<br>2 hours | Nurse | Nail care<br>– Tinea pedis and ingrown nails | Interactive lecture and simulation |
| 3 | August 29<br>2010<br>2 hours | Physical therapist | How to select the right shoes and how to walk in right way | Interactive lecture and demonstration |
| 4 | November 23<br>2010<br>2 hours | Physician | End of life care | Narrative session and workshop |
| 5 | December 12<br>2010<br>2hours | | | |
| 6 | February 6<br>2011<br>3 hours | Pharmacist, dietitian | Efficacy of supplement and complementary food | Interactive lecture and workshop |
| 7 | March 5<br>2011<br>2 hours | All lay participants and health professionals | Reflection session | Small group work |

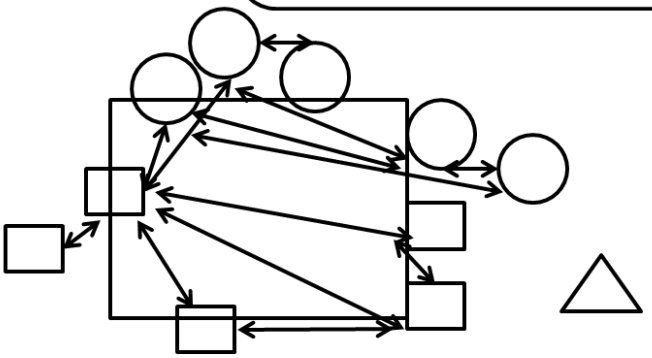
Figure2**:** Interactive sessions (diagramed by photos in participatory observation)

<Dialog and Simulation type>






<Small group discussion type>



*Study participants*

Participants were recruited to the TPE programme from lay participants within easy visiting distance of the hospital and healthcare professionals in the hospital X, using convenience sampling (Babbie, 2007). First, lay participants candidates were selected by the administrative staffs in the hospital X. Then, JH sent them letters to confirm their willingness to participate in the study. In the end, six female lay participants aged between 60 and 80 agreed to participate in the study. All their backgrounds were different. Some have worked as nursery teacher before, others have been housewives. Some had been having chronic disease, others had experiences of being admitted to the hospital.The healthcare professional participants candidates were five 24 to 30-year-old healthcare professionals (physician, nurse, pharmacist, dietician, and physical therapist) working in the hospital X. JH directly asked them to participate in the study and all of them confirmed their willingness to cooperate.

*Methodology*

I used ethnography as the methodology for this study. Ethnography is a social research methodology "occurring in natural settings characterized by learning the culture of the group under study and experiencing their way of life before attempting to derive explanations of their attitudes or behaviour"(Goodson & Vassar, 2011). It is usually used in a single setting, and data collection is mainly conducted by participant observation and interviews (Atkinson & Pugsley, 2005). In this study, I did participant observation combined with focus groups (FGs) for two years in total.

*Data collection*

During the programme, JH conducted participant observation and took field notes on behaviours and attitudes of all the study participants in each health education class. JH described the data during the classes and then asked for responses from the healthcare professional participants by emails. The contents of the field notes were modified and/or added as necessary based on the responses. In addition, in January and February 2011, a 90-minute FG for the six lay participants and a 120-minute FG for the five healthcare professional participants were carried out. In the FGs, participants were asked about their behavioural changes as part of evaluation of the TPE program.

After the completion of the program, JH continued participant observation until March 2012. JH also conducted monthly FGs for the healthcare professional participants from August 2011 to January 2012 (Table 3). I asked two questions here; how their behaviours had changed after participating in the TPE program and how they perceived these changes. The FGs were terminated in January 2012 because we recognised that data had been saturated (Morse, 1994) In addition, I asked to write a reflective document for a nurse who attended only one FG, which was also used as data. To take a multifaceted approach, I also used photos taken in the health education classes, pictures drawn by healthcare professionals and the newsletters written by lay participants in this study (Figure 2).

Table 3: Focus groups: dates, locations, duration, and participants

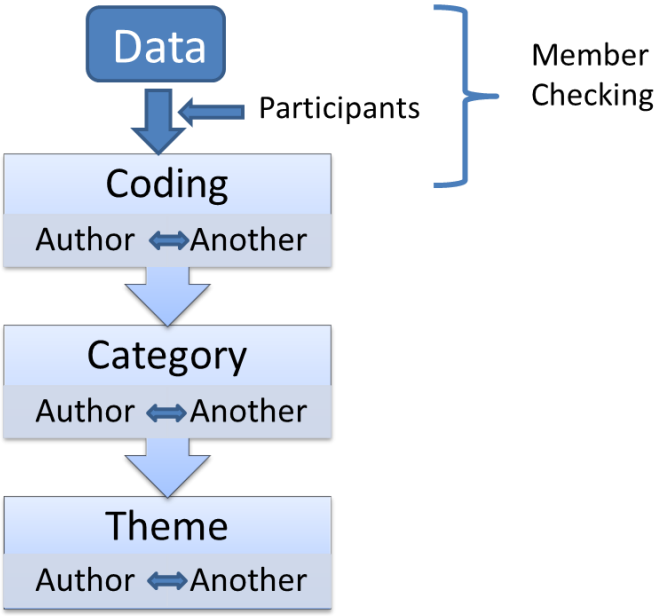
| **Date** | **Location** | **Duration** | **Participants** |
|---|---|---|---|
| January 12 2011 | Meeting room in the community | 90 min | the six lay participants |
| February 6 2011 | Café | 120-min | physician, nurse, pharmacist, dietician, physical therapist |
| August 31 2011 | Meeting room in the hospital X | 120 min | physician, pharmacist, dietician |
| September 7 2011 | Meeting room in the hospital X | 120 min | pharmacist, dietician, physical therapist |
| September 30 2011 | Pub | 120 min | pharmacist, dietician, physical therapist |
| October 5 2011 | Pub | 120 min | pharmacist, dietician, physical therapist |
| December 1 2011 | Pub | 120 min | physician, pharmacist, dietician, physical therapist |
| January 25 2012 | Pub | 120 min | physician, pharmacist, dietician, physical therapist |

*Analysis*

All of the FGs were audiotaped and transcribed verbatim with confirmation by participants as member checking. A thematic analysis method was used to analyse the interview data and field notes. (Braun & Clarke, 2006) The data were iteratively read and coded for emergent themes by JH. The data were coded deductively from research questions, and then inductive codes were emerged. In addition, the transcripts were read separately by another researcher and the identified themes were discussed together from 2011.1 to 2014.10. (Figure 3) The total discussion time was for around 100 hours. This process was adopted to achieve richer interpretation of the data. First we analysed data using the Kirkpatrick's model to clarify what healthcare professionals and lay people learned during / after the TPE program. The Kirkpatrick's model is now widely used to evaluate educational interventions.(Yardley & Dornan, 2012) We can evaluate the following four levels with this model; (1) learners' reactions, (2A) attitude / (2B) knows and skills, (3) behavior and (4) their impact on the organizations for which the learners worked.(Kirkpatrick, 1977) Second we clarified how healthcare professionals and lay people learned during / after the TPE program. We developed a model to illustrate the dynamics of learning of both healthcare professional and lay participants from this analysis.

This study was reviewed and approved by the ethical committee of Hospital X. Ethical issues considered sampling, informed consent, confidentiality of participants. All participants were provided written consent for the observation and FGs.

Figure3: The process of data analysis



## RESULTS

1. Included participants

Though I was not able to observe two lay participants for one year after completing the TPE program because they became sick from their chronic diseases (rheumatic arthritis, dementia, etc), I was able to follow all the other participants by March 2012.

2. What healthcare professionals and lay people learned during / after the TPE program? (Table4)

Through the TPE program, the healthcare professionals and lay people nurtured trust between them. In addition, healthcare professionals have accepted their differences through developing the health classes, and this enabled them to become understanding other healthcare professionals' behavior and terms. On the other hand, lay people came to affect toward their community and their health literacy was enhanced through TPE program (cutting nail and end of life). Furthermore lay people came to construct relationships with healthcare professionals, promoted by the health education sessions in which subjects closely related to daily life were chosen. Through this process the healthcare professionals came to respect the lay people. Here, they learned with, from and about each other.

Table4: Program evaluation using Kirkpatrick's model

| | | **Healthcare professionals** | **Lay participants** |
|---|---|---|---|
| 1 | **Response** | "I don't feel lonely because other healthcare professions and the facilitator support me." (Dietician)<br>"We feel comfortable. We can have common aims"(Physical therapist)<br>"Working for the community and my view of the community has strengthened."(Nurse)<br>"At first we didn't know other healthcare professionals and lay people. Through the TPE program we now know about each other and understand the hopes of lay people "(Someone in healthcare professionals) | "We attended the first meeting and continued throughout the year. The process reminded us of the importance of community"(interview)<br>"I am glad to see you, you are like my grandchildren."<br>"My friends said " I would like to go the health education session and look forward to seeing the healthcare professions""(Intervie w) |

| | | | |
|---|---|---|---|
| | | | |
| 2A | **Attitude** | "We had not met healthcare professionals in hospital. But now we can go to other healthcare professions if we have questions."(Nurse)<br>"I made friends with a nurse through this project. Now, I try to talk with other nurses in hospital"(Dietician)<br>"I feel the distance between us and the community is becoming closer step by | "We are motivated by the healthcare professionals. Their efforts inspire us."<br>Lay people enjoyed talking in the last session, reflecting on the TPE program with healthcare professionals.(Participant observation 2011.3) |

| | | | |
|---|---|---|---|
| | | step.”(Someone in healthcare professionals) | |
| 2B | **Knowledge /skill** | “We acknowledge that we did not know about each other”<br>“ I understand my own specialty when discussing disciplinary boundaries and reflecting on our own profession. | “I have learned some things because before, I did not know my foot size or how to cut my toe nails.” |
| 3 | **Behavior** | “We know the opportunities to consult dieticians is increasing .The reason is that the dietician has a very important role“<br>The doctor, pharmacist and nurse presented the project to their own professional colleagues | “ I can cut my nails now and prevent an in growing nail”<br>” I’ve never thought about dying. Considering my age, I have to think about how I am dying. I was inspired by this |

| | | | |
|---|---|---|---|
| | | | education session. ” (interview)” “We have been able to take this project forward because the healthcare professionals collaborated with us in the activities.”(interview) The lay participants and healthcare professionals agreed learning content enhanced participants’ learning and it enabled them to build relationships with other community members.(participant observation 2011.11) |
| 4 | **Organization** | “We realize the number of healthcare professionals and associated patients is | “We realize we are changing through this project. |

| | | | |
|---|---|---|---|
| | | large in hospital. We use written records to share information so we have to write them so that other professionals can read and understand them.(Dietician) | Simultaneously our community is also changing.(interview) |

3. How do lay people and health professionals in a community learn with, from and about each other in a TPE program?

By reflecting the whole data focused on the learning process, we extracted three stages.

*1. First stage*

*Healthcare professionals*

The healthcare professionals were used to work within their professions and did not even know what the other healthcare professionals did. This was a typical uniprofessional perspective.

*"I thought nurses and doctors would have known more about pharmacists." (Pharmacist)*

*"Nurses looked stern, so I did not feel able to ask questions." (Dietician)*

*"I thought only doctors did health education, not us." (Nurse)*

*"I used jargons unconsciously even if other professionals did not know their meanings". (Physical therapist)*

*"There are few opportunities to work with other professionals as a team."*

*"First, I felt lonely because other professionals (except me) talked with the words which I did not know at all." (Dietician)*

*"First, I thought, "Why should I commit it (the TPE program)",and I was reluctant to participate in it." (Nurse)*

*Lay participants*

The lay participants were used to paternalistic relationships with healthcare professionals. The lay participants had their hierarchical relationship or no connections within their own group. Their perspectives was similar to uniprofessional one because they lived in the same community but did not know what other lay people wanted to.

*"We really appreciate you came over here. We know you are so busy working at the hospital." (Participant observation in May 2010)*

*When the lay participants were asked by the author as a participant observer "what did they want to do (learn)?", no one answered anything. They said, "We would like YOU to tell us what you want to do, then we will consider how we can help." A few lead the group of lay participants and others just followed. (Participant observation in May 2010)*

*"Most of the training programs I have attended so far were lectures done by physicians or physiotherapists." (Interview with lay participants)*

*"We are not used to active learning style." (Interview with lay participants)*

*"At first I felt uneasy when I knew that so many hospital staff would join. I had no idea how it was going to be." (Interview with lay participants)*

*We could not identify the needs of lay participants through questions. However, when the author gave examples, the lay participants started to show interest by nodding to the author's comments. Although the lay participants had latent needs, these were not yet tangible or the lay participants were unable to verbalize them. In order to build relations, the authors intrinsically motivated the lay participants by asking questions as*

*necessary, rather than extrinsically doing so by setting objectives for them. (Participant observation May 2010)*

*Based on the reflection, we clarified the needs of lay participants by using a whiteboard and subtly guiding them so that they could visualize their needs. We also made an annual plan together. Through this process, we made lay participants feel comfortable with letting professionals do some tasks so that they could feel confident in participating in the program. (Participant observation June 2010)*

*(I found that) lay people made a house-to-house visit to hand out flyers to draw people's attention, without telling the healthcare professionals. They later told me that they had felt pressure of bringing many attendees from the community because a number of healthcare professionals participated. (Participant observation November 2010)*

*2. Second stage*

*Healthcare professionals*

Taking up specialty-boundary themes enhanced mutual learning between professionals, which promoted them to understand their own speciality and their roles within the organization as well as created a feeling of closeness beyond each profession. Here two or more professionals learn with, from and about each other to improve collaboration. Perception they received from other professionals also strengthened their own professional identity.

*"As we discussed specialty-boundary domain, like supplement and complementary foods..., I thought should have known more about my field of specialization." (Pharmacist)*

*"As I was listening to the pharmacist explaining the difference of acetaminophen and NSAIDs, I came to understand why a certain painkiller is used for a certain patient, and now I understand my patients more." (Physiotherapist)*

*"In the education classes, other healthcare participants looked professionals. So, I wanted to be recognized as a professional as well." (Dietician)*

*"Each healthcare professional created a good relationship with each other. Now I feel easier to ask a question about other health professionals. Each participant became a hub in each professional."(Nurse and Pharmacist)*

*"No I understand more on my standpoint through lens of other professionals. I became more interested in my professionals." (Pharmacist)*

*"I was moved by other highly motivated participants." (Pharmacist)*

*"I was able to deliver a good lecture because we had diverse perspectives."(Nurse)*

*Lay participants*

The lay participants discovered unique characteristics of their local community by being involved in the health education classes. They were able to share and identify various problems in the local area they lived in. Furthermore, they played a role as health advocates in the community through discussing health-related topics that they encountered in their daily life. These experiences were the opportunities for them to tie with other lay people and strengthened relationships among them. They learned with, from and about each other to improve their quality of life.

*"When I was handing out flyers, I found a unit smelling awful. I called the police, then we found one elder person dead and another starving." (Interview with lay participants)*

*"I have seen someone teaching his friend how to clip nails properly. The impact of the classes seems to have spread through participants." (Interview with lay participants)*

*"(First) it was hard to attract lay people, but as we continued, people came to a class on regular. As the number of attendees increased, trust was nurtured, which led to more attendees." (Interview with lay participants)*

*"I felt that we were motivated to activate the community." (Interview with lay participants)*

*"I did not realize the structure of the apartment was so complex until I was involved in handing out flyers." (Interview with lay participants)*

*"When inviting someone to some gathering, it was easier for me to ask someone who I met at this program." (Interview with lay participants)*

*3. Third stage (=Transprofessional Stage)*

The healthcare professionals became realizing the lay people's problems as their own affairs and the lay people noticed the healthcare profession's roles in their own community by the debriefing meetings. Especially in the 7th health education classes (reflection session), they shared their perspectives and understood their roles, values, positions and problems beyond their standpoints. Through the interactions in a series of

health education classes, they became to feel a partnership and an emotional attachment with each other. Here transprofessional learning occurred.

*Healthcare professions*

*"They (lay participants) wanted to solve the issues and change our community. So, together, we made it." (Interview with healthcare professionals)*

*"Attending a health education program for healthy individuals was a good experience as I was able to learn about things I did not think of before, such as what they are interested in or what they want to know." (Nurse Reports)*

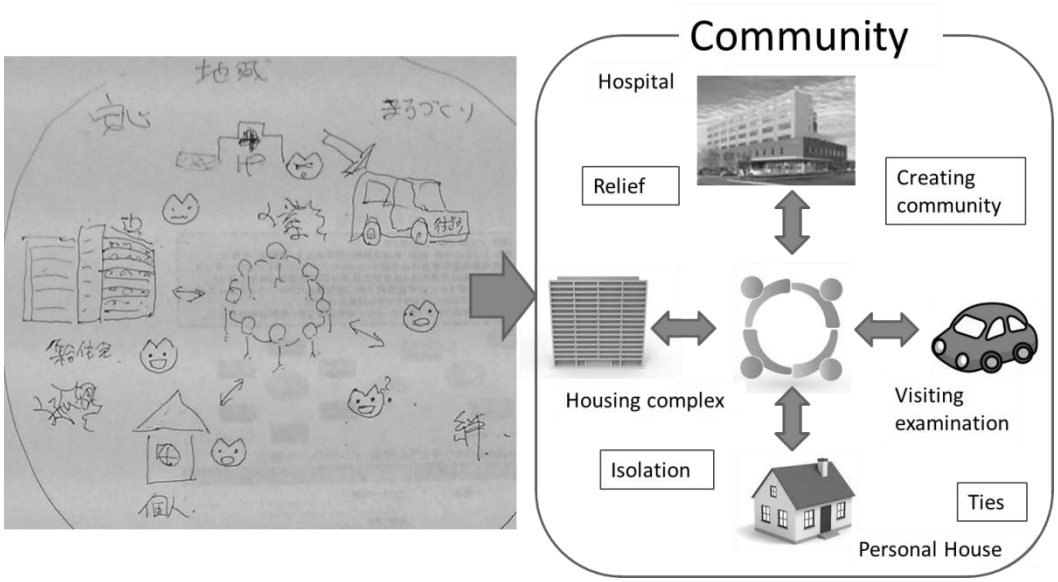
*"These classes stimulated both the lay participants and us (healthcare professions) to be more energetic" (Interview with healthcare professionals)*

*Healthcare professional participants felt annoyed because they were not used to deal with questions difficult to understand, sudden or not contextualized (Participant observation August 2010)*

*In the last reflection session all participants joined, healthcare professionals realized for the first time how much they contributed when listening lay people's learning experience. (Participant observation March 2011)*

The picture (left in the figure 4) showed healthcare professional and lay participant worked and learned as a team to create a community (Figure 4)

Figure4: Simplified the picture drawn by healthcare professionals




*Lay participants*

*"We would not have achieved such (work) without their (healthcare professionals') cooperation. We worked together." (Interview with lay participants)*

*"My friends said, 'I would like to go the (health education) session because I like him (or her)'" (interview with lay people)*

*Lay participants said, "it (the program) was meaningful because the topics (of the session) were familiar to us and we could tell our friends what we learned. First we did not understand what to do in the session, but I became feeling it easier to ask questions to healthcare professionals. (Participant observation March 2011)*

*Since around then, lay people have participated in a series of classes actively. They gave their opinions about not only the contents but also the order of the session. (Participant observation November 2010)*

*"Through this opportunity I realized that we needed to corporate more with each other (healthcare professionals and lay people), which I did not think about before." (Interview with lay participants)*

*"I thought we would not be able to plan a class (if healthcare professionals did not support the classes). So, (we made it because) the topics seemed suited to our community." (Interview with lay participants)*

*"We felt very close to them (the healthcare professionals). When we saw some (of them) on other occasions, we felt like cheering". (Participant observation in the reflection session)*

*4. Fourth stage*

Once reached the transprofessional stage, they advocated interprofessional and transprofessional learning within and beyond their community.

Healthcare professionals

*The healthcare professionals set up an IPE committee in their hospital as a hub of people in different professionals, and served as a promoter of collaboration. (Participant observation after TPE program)*

*The physicians and pharmacists actively participated in academic conferences to publicize this program to many people. The nurse wrote articles (about their activities). (Participant observation after TPE program)*

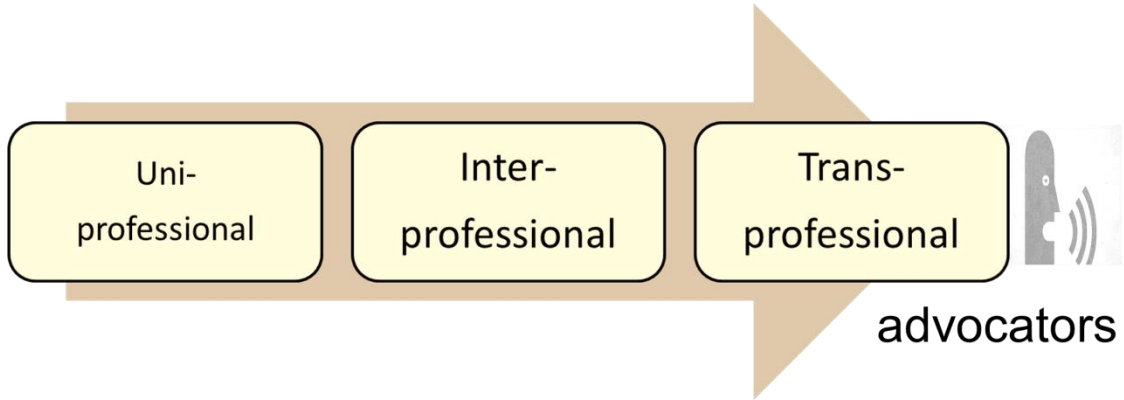
*Lay participants*

*Some lay people said, "We should not limit conducting this program to this area. Why not doing the same in other areas where the relationship between healthcare professionals and lay people was weak." (Participant observation March 2011)*

*To let other people know the program, the lay participants made a poster presentation at a local networking event and published community papers (about their activities), which helped to enhance their sense of self-efficacy. (Participant observation after TPE program)*

We extracted the both healthcare professional and lay participants learned through three stages: uniprofessional, interprofessional and transprofessional stage, as their relationships changed. (Figure 5) The representative data in each stage were described above. Furthermore, once both healthcare professional and lay participants reached the transprofessional stage, they became advocates of inter/transprofessional learning within and beyond their community.

Figure5: Three stage into transprofessional education



## DISCUSSION

Through the program evaluation, we clarified what both healthcare professionals and lay people learned with, from and about each other. This was an outcome of our program and we clarified IPE beyond the professionals occurred in it. This can be described as TPE “transprofessional education” beyond IPE.

Furthermore, we clarified how health professionals and lay people learned with, from and about each other in a TPE program. Both healthcare professionals and lay participants learned through the three stages: uniprofessional, interprofessional and transprofessional stage.

In the uniprofessional stage, both healthcare professionals and lay participants tended to reflect positively on groups they belong to (in-group favouritism) or negatively on their external group (prejudices by selective perception) (Paradis et al., 2014). The interactions were negligible, therefore their ties were absent. (Granovetter, 1973) Both participants also did not recognize the problems within their own groups because they had little sense of belonging to their own. Their perspective was limited.

In the interprofessional stage, healthcare professional participants came to understand other professional roles more in comparing with their own, and overcame the lack of interprofessional collaboration in the hospital. Lay participants were working and learning together as health advocates in their community. Both participants widened their perspectives through interacting among themselves by sharing the health problems.

They strengthened their ties and felt more equal within each group. Here both participants went beyond their uniprofessional stage.

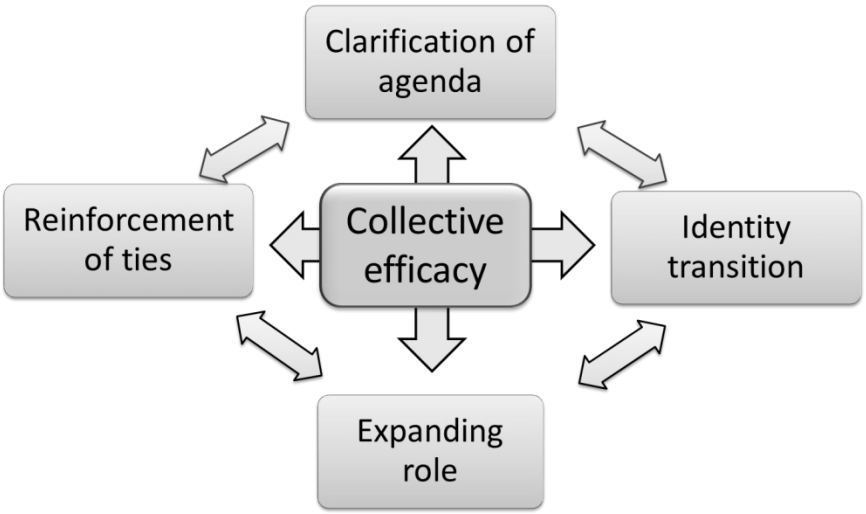
In the transprofessional stage, both participants came to cross boundary through sharing the standpoint of healthcare professionals and lay participants in a series of classes. Through their interaction, healthcare professionals came to understand lay people's problem more that were not recognized as common agendas before. In addition, both of them recognized that they were important partners in their local community, which gave them a sense of belonging to it. They developed strong ties with each other that constituted a base of trust. Here they learned with, from, and about each other beyond the interprofessional stage.

Reflecting on the transformation of the three stages, first, we found that the reflection (the debriefing meetings and the 7$^{th}$ health education class (reflection session)) was one of the keys to promote inter/transprofessional learning. Here both participants clarified the agendas by sharing their experiences, through which they learned interactively. Second, we found that the three stages of healthcare professionals, the sequence of uniprofessional, interprofessional and transprofessional corresponded to their identity transition (Ibarra, 2007). Both participants explored new possible selves and integrated an alternative identity. Third, we recognized that both participants successfully expanded their roles. This experience gave them confidence and motivation, which in turn made it possible for them to proceed the stage (e.g. from IPE to TPE). Last, the series of their learning experiences affected atmosphere of all health education classes and strengthened ties among healthcare professionals and lay participants. Their strong

ties functioned as greater motivation to rebuild their exiting community. (Krackhardt, 1992)

As described above, the transformation from uniprofessional to transprfessional learning was driven by dynamic interaction of the following four factors; clarification of agendas, identity transition, expanding roles and reinforcement of ties.(Figure 6) Through this process, both participants became to feel collective efficacy; a group's shared belief in its conjoint capabilities to organize and execute the courses of action required to produce given attainments(Bandura, 1997).They became to be able to share responsibility for their community across boundaries and advocated inter/ transprofessional learning.

Figure6: The process of dynamic interaction to feel collective efficacy




The strength of the study was that we clarified the process of TPE, how healthcare professionals and lay people learned together. This study was also one of the few studies conducted by ethnography in interprofessional education which we believe should be more adopted. (Atkinson & Pugsley, 2005; Goodson & Vassar, 2011; Gotlib-Conn, 2010)

This study had several limitations. First, the data was obtained from a single programme implemented in a single region in Japan, and the healthcare professionals and lay participants were biased because of convenience sampling. Multi-centred study is warranted. Second, we did not describe how we managed the health education programme including explaining principles of interprofessional education and developed the transprofessional collaboration with healthcare professionals and lay participants in details. Third, the data were obtained only for two years. Studies clarifying long-term process should be the next step.

## CONCLUSION

In this study, we clarified how healthcare professionals and lay participants learned with, from and about each other. In our TPE program, they learned through the three stages; uniprofessional, interprofessional and transprofessional stage. We argued that TPE could foster collaboration with healthcare professionals and lay people and have big potential. We hope this study helps all the healthcare practitioners involved in interprofessional and transprofessional education to reflect on their programmes to improve them.

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**Appendix**

Teaching resorce

隣の人と話してみましょう！

王子生協病院　家庭医
春田　淳志

お仲間をつくる時、どんなことに気をつけていますか？

本日のポイント

- 仲間をつくるときのポイント
  - 1）最初は場を和ます
  - 2）相手との共通点を見つける
  - 3）アサーショントレーニング
  - 4）聞いているメッセージを表現
    - うなづく
    - そうだね
    - オウム返し
  - 5）いいところを見つけてほめる！

場を和ます

- ゲーム
- 自己紹介

ゲーム！！

1．この中で1人の送り手を決めて下さい。他の人は受け手となります。
2．送り手は原図1を受け手に見られないように注意しながら、言葉だけで原図1がどのような図かを受け手に伝えます。
3．受け手は送り手の説明を聞きながら、原図1を想像して　聞き取り図1として紙に描きます（3分で終了）。
4．送り手と受け手で原図1と聞き取り図1を見比べ、どのぐらい似ているかをみてみます。
5．メッセージを正確に共有する条件を、送り手と受け手とで自由に話し合ってください(5分)

では、やってみてください！


やってみてどうでしたか？

ゲームをするときのポイント

- なるべく相手に話をさせる。
- 楽しく、笑顔で、みんなに参加してもらう。
- テーマにあい、気づきがあるようなゲームを行う。

# 共通点を見つける

グループを作って、その中での共通点を探してください。いくつあげてもいいです。

グループの皆さんはどう感じましたか？

共通性の心理学

- 人は自分との類似性や同じ趣味を持っているなど、共通点のある人に対し好意を持つ。
- たとえば、「巨人はナンバーワンだよね」「その通りですよー」と、自分の意見が支持されると、その意見に自信がつき、自分の意見が正しいと思う。
- 自分の意見が是認されることで、自己全体に肯定感が生まれ、自尊心がみたされ、充実感を感じる。
- この感じはとても快適なので、人はそんな感じをもてる人と一緒にいたいと思います。そしてその人に好意をもつようになるわけです

# アサーショントレーニング

アサーショントレーニング

- 自己主張3つの型
  - ①攻撃的；強引に自己主張
  - ②非主張的；我慢
  - ③さわやかな自己主張；互いの思いを尊重しながら、自己主張する

さて、皆さんならどうする？

- Aさんは友達のBさんと一緒にBさんの車に乗ってドライブに行く約束をしています。Aさんは約束の8時より10分も前に約束の場所に立って待っていました。8時を20分も過ぎてもBさんは現れません。
- Bさんは“ごめん、出かけに電話がかかってきてしまって、今すぐに出るから”といっています。しかし家から約束の場所まで車で20分もかかります。
- それにBさんが時間に遅れることはこれが初めてではないのです。
- Aさんは待ちくたびれていたので、Bさんののんびりした声を聞いて、腹が立ってきました。

3つの型に分けて話し方を

- ①攻撃的
- ②非主張的
- ③さわやかな自己主張

**みなさんは、それぞれの言い方に対してどう思いますか？**

3つの型の特徴

- ①攻撃的
  AもBも傷つく
- ②非主張的
  Aが辛くなる
- ③さわやかな自己主張
  自分のいいたいことを伝えられ、Aは楽になるし、Bも理解してくれる。

**聞いている メッセージを 表現する**

このやりとりを聞いて、皆さんどう感じますか？

聞いているメッセージ

- うなづく
- そうだね
- オウム返し
- 顔を見る
- 相手にあった気持ちを返してあげる；共感

**いいところを 見つけて ほめる！**

ピグマリオン効果

- 人は、認められる、褒められる、期待される、と嬉しくなりますね。
- 逆に、否定される、怒られる、期待されない、というのは嫌気がさします。
- 期待することによって、相手もその期待にこたえるようになります。

第2回学習会

# 正しい靴の選び方

王子生協病院　理学療法士

## 靴は全身を支える足の土台！

どうして靴選びが大事？

足は人が歩く時、唯一地面に触れている部分。
足に合わない靴をはいて歩くと、足の痛みや変形が起こってしまいます。
これが疲れの原因に！
膝痛や腰痛のきっかけになることもあります。

## 靴選びできていますか!?

今日皆さんが履いてきた靴は
どんな靴ですか？

- ●幅の広い靴？
- ●柔らかい靴？
- ●伸びる靴？
- ●大き目の靴？
- ●軽い靴？

もしかしたら、間違った靴選びを
しているかも…

## 今日の目標

- ●自分の足の特徴を知る！
- ●自分にあった靴を選ぶことが
できる！

## 自分の足のサイズご存知ですか？

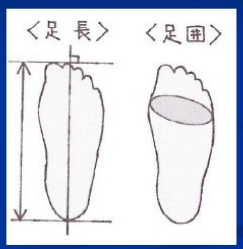
靴選びは正確な自分の足のサイズを
知ることから始まりますが…

- ●自分の足のサイズは？
- ●自分の足の特徴は？

ご存知ですか？

## 実際に足のサイズを測ってみましょう

測り方
【足長】
①紙の上に立って、足の輪郭をペンでなぞる。
②踵からつま先までの長さを測る
【足囲】
足の付け根の周りを一周したサイズを測る




## 結果からみた足の特徴は？

・足囲が足長より大きい→幅広の足
・足囲が足長より小さい→幅のせまい足

日本では…
足長と足囲がほぼ同じサイズを中心に靴を作成

差が大きくなればなるほど靴探しが大変に!!!

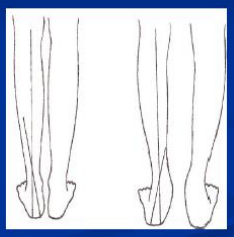
## どんな靴を選べばよいか？

靴選びのポイント！！

- ●その1　踵まわりがしっかりしている
- ●その2　前から1／3の位置で曲がる
- ●その3　靴底が平らで安定している
- ●その4　つま先に余裕がある
- ●その5　足が前すべりしない

## どんな靴を選べばよいか？～その1～

**踵まわりが**
**しっかりしている**



踵の骨をまっすぐ保つために大事なこと！踵が柔らかいと、歩くとき足首がぶれて不安定に。
靴自体がすぐに歪んでしまいます。

踵まわりの強さの
確認方法

靴の踵の後ろを指で
つまんでみる！

## どんな靴を選べばよいか？～その2～

**前から1/3の**
**位置で曲がる**

足の中で最も動きの多い部分。歩くとき、走るとき地面を蹴るのに大切！
必ず靴を手に持って曲げてみましょう。

## どんな靴を選べばよいか？～その3～

**靴底が平らで**
**安定している**


市販の靴の中には、店頭に並んでいる段階で傾いているものがあります。
踵の中心部に指を置いて左右に動かしてみましょう。
ぐらつく靴は失格！

## どんな靴を選べばよいか？～その4～

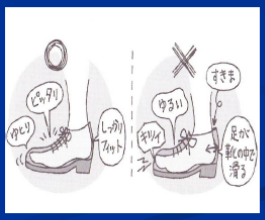
**つま先に余裕がある**

「つま先がぴったりだわ～♪」は間違い！
靴の先端約1～1.5cmの余裕が必要！
→足の圧迫・変形の予防

＊ただししっかり踵まわりはフィットしていることが重要

## どんな靴を選べばよいか？～その5～

**足が前すべり**
**しない**




靴ひも・ベルクロをきちんと締め、足の甲部分が動かないように留められることが大事！
足の圧迫・変形の予防になります。

## どんな靴を選べばよいか？

●その1　踵まわりがしっかりしている
●その2　前から1／3の位置で曲がる
●その3　靴底が平らで安定している
●その4　つま先に余裕がある
●その5　足が前すべりしない

→これらの条件を確認した上で
試し履きをしっかりと！

## 試し履き

●両足とも履いてみましょう

●店内を歩き回る。もしくは背伸びやしゃがんだりしてみて下さい。
→つま先があたっていないか？
踵が抜けないか？
確認して下さい。

## 注意！

●靴のサイズ表記をうのみにしない！
→靴のメーカーによって微妙にサイズが異なります！
●安い靴
→素材が安いもの、工程を減らす、縫製の手間を省くなど。劣化しやすく、長持ちしないことが多い。

## 今日の目標

●自分の足の特徴を知る！
→足のサイズ
●自分にあった靴を選ぶことができる！

では、
改めて自分の靴をみてみましょう！

正しい靴選びできてましたか？

## 靴の選び方

●その1　踵まわりがしっかりしている
●その2　前から1／3の位置で曲がる
●その3　靴底が平らで安定している
●その4　つま先に余裕がある
●その5　足が前すべりしない

## それでも合う靴が見つからない…

●シューフィッターをたずねて！
→足の疾病予防の観点から
正しく合った靴を販売する 専門家

・百貨店の靴売り場
・赤羽の西友
・ダイナス製靴（北区役所近く） などにいます！

お疲れ様でした！

## 自己紹介

★

★王子生協病院　管理栄養士

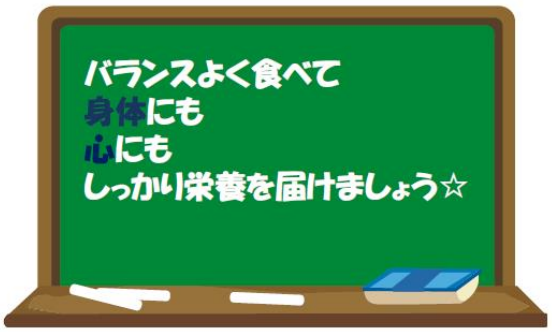
★入職5年目

★沖縄出身の30歳

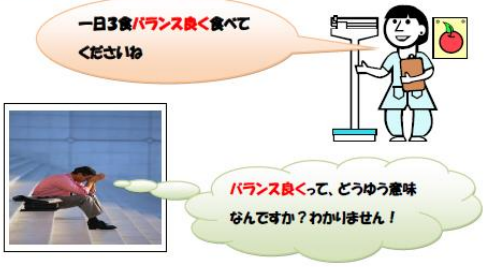
## 足りてますか、栄養素？？

王子生協病院　管理栄養士
宮城桃子

## 本日のテーマを発表します！！




## いきなりですが、クイズです！！




栄養学では・・・

バランスの良い食事とは

『一日に必要な栄養素が
過不足なく摂れている！』

ことを言います。

## またまた、クイズです！！

必要な栄養素って、なんぞや？？

タンパク質

炭水化物（糖質）

ミネラル類

脂質

食物繊維

ビタミン類

つまり・・・

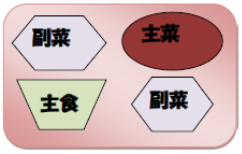
これらの栄養素を1日3食の中で、上手に摂ることが大事なのです！

でも、どの栄養素をどれだけ摂ったら
良いのか分らないし、
毎日毎日気にしていたら大変です！！

その通り！！

実は簡単に「バランス良い食事」が出来るコツがあります。

「主食・主菜・副菜を揃える大作戦」です！




主食：ご飯・パン・麺など穀類から、エネルギー源となる糖質がとれます
主菜：肉・魚・卵・大豆製品（納豆・豆腐など）から、体を作るタンパク質がとれます
副菜：野菜・キノコ類・海藻・こんにゃく類から、体の調子を整えるビタミン・ミネラル・食物繊維がとれます

先日、こんな質問を受けました。

「野菜を一切食べなくても、青汁とか
ビタミン剤を飲めば問題ないですよね？」

★最近、たくさんのサプリメントや栄養補助食品が
お店で売られています。
★食事の代わりに飲むゼリー、野菜不足には青汁・・・
テレビコマーシャルでおなじみの商品もたくさんあります。

こうお答えしました。

確かに、サプリメントからビタミンや食物繊維が摂れます。
でも、野菜や果物が持っている全ての栄養はサプリメント
からは摂れません。
野菜や果物が持つ栄養素はビタミン以外にも沢山！！
まだ解明されていない栄養素も沢山あります。
自然が育んだ食べ物を食べる事には、単に栄養素を
摂取する以上の不思議な効果があるんです。

それに、人間は実際に食べ物を「見る」「匂う」「噛む」ことで
脳が「食事だ！」と認識します。脳からの指令を受けて、
胃や腸が栄養素をしっかり最大限に吸収する体制を作ります。
これらの働きはサプリメントには出来ないんです。

そしてもう一つ！食事には
「心への栄養」という効果もあります。

大好物を食べると嬉しいし、
甘いものを食べると幸せな気持ちになるし、
誰かと何かを一緒に食べるってすごく楽しい！

バランス良く食べて、
身体にも心にもしっかり栄養を届けましょう☆

では実際に、
自分の食事を振り返ってみましょう！

どんな発見がありますか？

お弁当の黄金比率はこれだ！！


# 本当に効くの？
# そのサプリ

王子生協病院　薬剤師

## 本日の内容

・サプリメント、健康食品について知り良いお付き合いの仕方を学ぶ。

・身近な健康食品、トクホってなぁに？


## ではここでクイズです！！

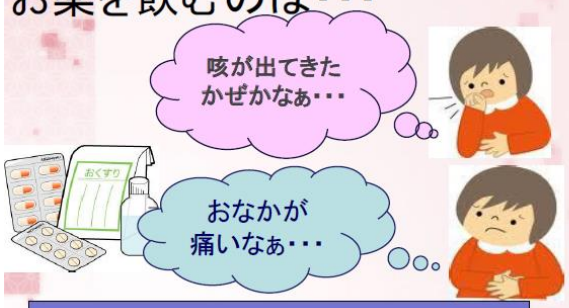
Q、サプリメント、健康食品は
お薬である！！
〇か？×か？

## 正解は…　×です！

今日の忘れないでほしい事！！
サプリメント、健康食品は
あくまでも食品です！！

薬、医薬品ではありません。

## お薬を飲むのは・・・




体の不調のサインを治すために飲みます

## 栄養士のももこ先生からのお話にあったように・・・

・三大栄養素

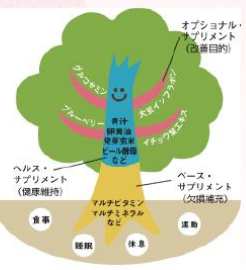
・ビタミン

・ミネラル(カルシウム)などなど

## 全部を食事から・・・
## なんて難しい。

一人暮らしだし・・・
忙しいからいろいろな料理を
作る時間があまりないのよ。

## 足りない栄養は
## サプリメントで
## 補おう♪




サプリメントツリー


どんだけ
好きやねん。

協力：明治製菓　アミノコラーゲン

**女性ならいつまでもハリのあるお肌でいたい!!**

**最近よく見かけるコラーゲン**
**手軽に手に入れられるようになりました！！**
**その効果のほどは・・・？**

## コラーゲンはどうやって吸収されるのか？

コラーゲン＝たんぱく質＝アミノ酸が連なったもの

胃でアミノ酸に分解

小腸で吸収

肝臓で代謝

血管を通して全身へ

各器官で筋肉を形成したりエネルギーとして利用したり
コラーゲン合成されたり・・・

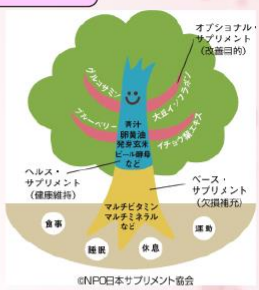
## まとめ


必ず効果があるわけでは
ありません！！
情報収集をしっかり行い
冷静な判断をしてください。

足りないものはサプリメントで

大事なのは健康的な食生活

## トクホってなぁに？



## トクホ＝特定保健用食品

＝

国が認めた健康に役立つように
工夫された食品

＝

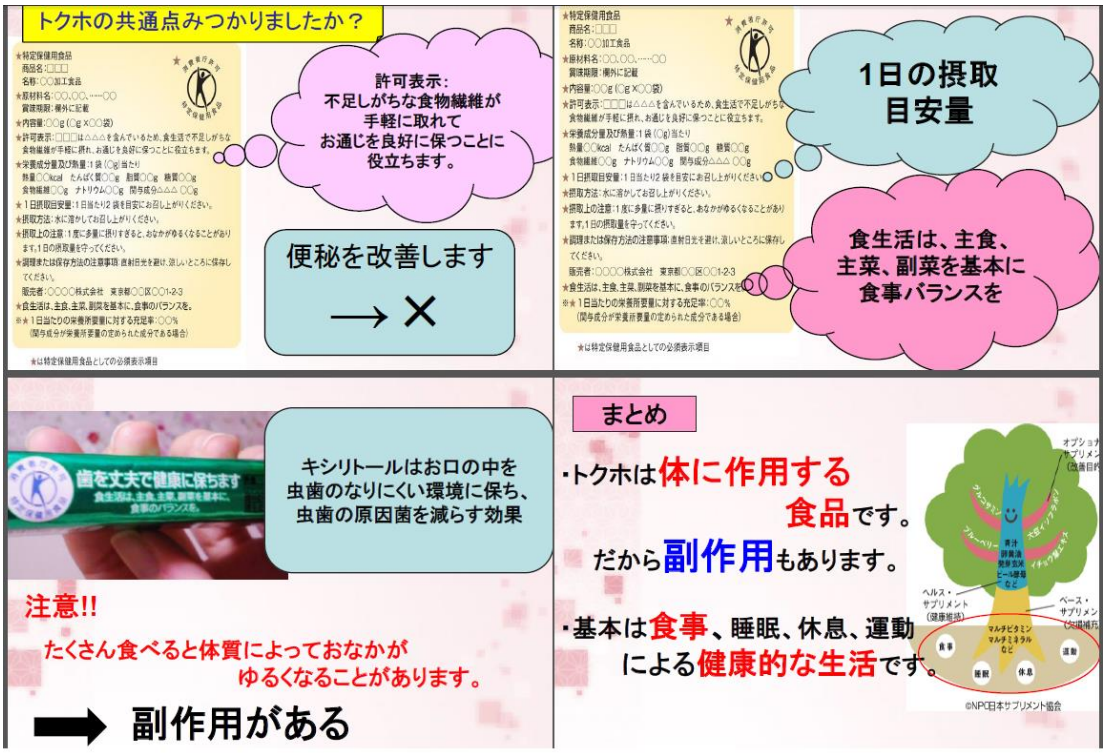
たとえば・・・

脂肪の吸収を抑えます。
血圧のコントロールに役立ちます。
歯を丈夫に保ちます。虫歯になるのを防ぎます。

トクホを食べていれば
健康を
維持できるんですね！


**それは違います！！**

**よくよく表示されている事を**
**確認してみましょう♪**


トクホの共通点みつかりましたか？
許可表示：
不足しがちな食物繊維が
手軽に取れて
お通じを良好に保つことに
役立ちます。
便秘を改善します
→ ×
1日の摂取
目安量
食生活は、主食、
主菜、副菜を基本に
食事バランスを
歯を丈夫で健康に保ちます
キシリトールはお口の中を
虫歯のなりにくい環境に保ち、
虫歯の原因菌を減らす効果
注意!!
たくさん食べると体質によっておなかが
ゆるくなることがあります。
副作用がある
まとめ
・トクホは体に作用する
食品です。
だから副作用もあります。
・基本は食事、睡眠、休息、運動
による健康的な生活です。
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みなさんにお願いです!!
病院にかかった際、お薬をもらう際には
サプリメント、健康食品を使っている事を
医師、薬剤師に伝えてください。
薬の作用に
影響することがあります
おつかれさまでした！！
何か質問あればどうぞ。
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# 班会・事前アンケート

新年明けましておめでとうございます。

本当に寒い日が続いていますね！皆さんいかがお過ごしでしょうか？

2月の班会に向けて、サプリメント・健康食品についてのアンケートです。

宜しくお願いいたします！！

★質問① 現在、健康のために心がけている事はありますか？

★質問② 現在、何かサプリメント・健康食品を利用していますか？

はい ・ いいえ

★質問③ 質問①で「はい」と答えた方、何を利用していますか？

例）青汁・セサミンなど・・・

★質問④ そのサプリメント・健康食品の効果を感じますか？

※ご協力ありがとうございました※

# ひとりぼっちを地域からなくそう

## 健康プロジェクト学習会２回目を開催

みなさんの靴選びは大丈夫？組合員さんといっしょに参加型学習会。一人一人の靴をチェック

写真は、地域でつながっていくための学習会第２段、自分の足の特徴を知る学習会でした。

## 靴の選び方・正しい歩き方について

**王子生協病院理学療法士の　がお話しました。**

8/29（日）　ハイツ集会室において、神谷堀健康デー第２段として学習会が開催されました。各自のはいてきた靴を使っての実技、間違った靴選びは膝痛、腰痛のもとです。　靴底が平らで安定している、つま先に余裕がある、足が前すべりしないなどポイントを押さえての学習会でした。

**　健康プロジェクト第３段**

　健康デー1.2 段は足の問題に絞り看護師、理学療法士がお話し好評でした。これからの学習テーマをご紹介します。

次の学習テーマは「延命」

延命処置について参加者いっしょに考えます。あなたの医療の指示書を作ってみませんか。

## いのちの山河上映間近！

**いのちを守る活動の原点をみる**

**　でチケット発売中**

**北区民祭りにも出店**

　で行われた学習会の総集編を、北区民祭りに出店（10/2～3 赤羽会館）して王子生協病院の職員が発表する企画です。お手伝いできる方歓迎です。

**今後の取り組み・ほくとの企画のお知らせ**

**＊ご長寿祝う会　　9月25日（土）　11：00～13：00　　集会室**
**＊健康チャレンジ講座「脳いきいき講座」　9月30日（木）　14：00～　北講義室**
**＊ほくと配布者のつどい　10月20日(水)　12：00～14：00**
**＊　と介護施設の「健康祭り」　11月14日(日)**

## 新年あけましておめでとうございます。
## 今年も健康デーを続けていきますので
## をよろしくお願いいたします。





写真左は昨年取り組んださまざまな取り組み（輪投げ、体操お食事会、健康チェックなど）

### 冬の　デーは看とり

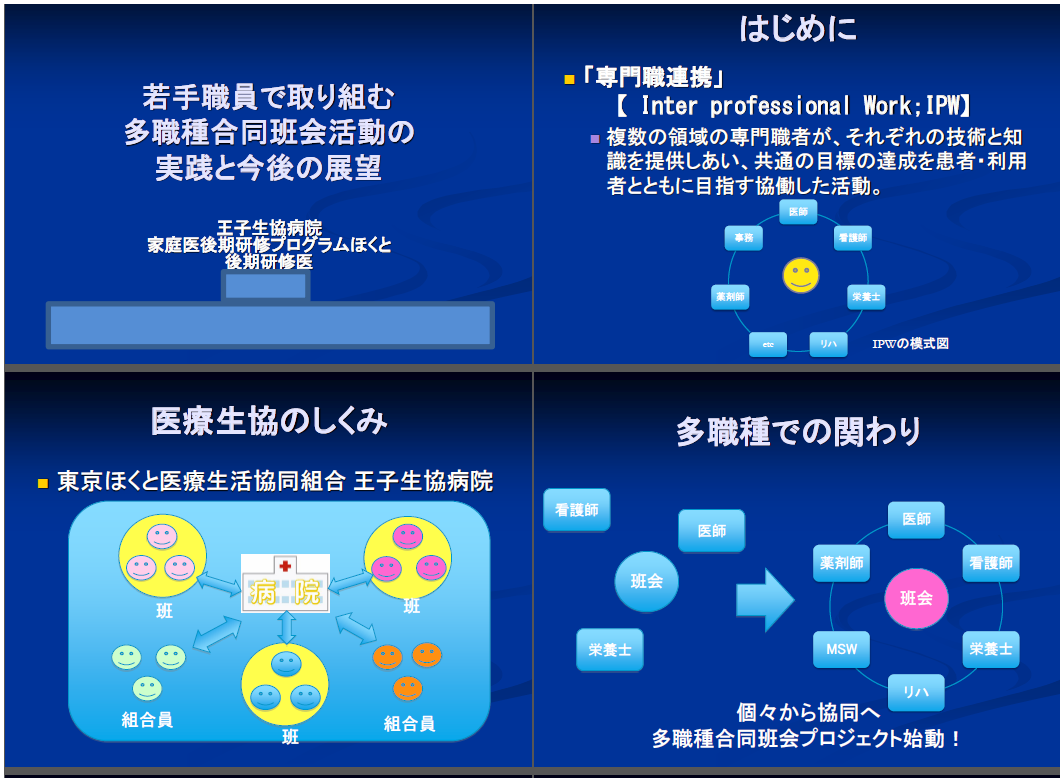
### 家で看てあげたいっていう気持ち・・・でも大変

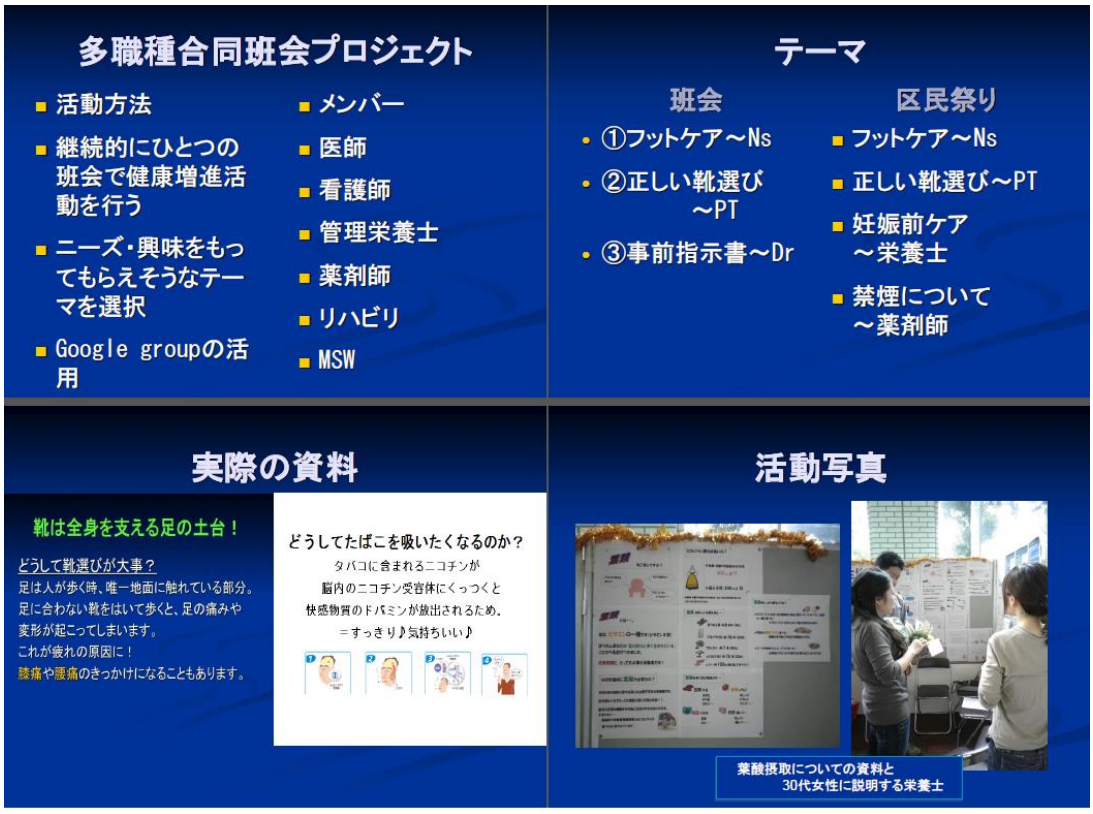

健康デーで2回にわたり寸劇を交えながらの20年後のササエさん一家の行方「磯野家では波平をどう看とるのか」が行われました。会場の参加者全員も配役が割り振られる参加型の学習会で在宅での看とりや家族の大変さを実感する企画で、自分がそうなったら・・・というよりカツオの立場であなたはどうする？といった内容で進行しました。写真右と下は職員による寸劇と、会場からの質問に答える　病院選びから、家族の協力はどこまでできるか、主治医との話し合い、本人の気持ち・・・といった切実な問題を話し合いました。

**　支部では恒例の新春のつどいを開催します。お気軽にご参加ください。**

Presentation

医療専門職の発表プレゼンテーション



第3回　班会風景


参加メンバー

## 結果；参加メンバーの変化

- 病院や地域に愛着がうまれた
- 知識をより深められ、さらにわかりやすく伝えることの大切さを実感、実践
- 他職種の専門性を理解できた
- 日常業務でもコミュニケーションがとりやすくなった
- テーマの選択に悩む　　時間調整が難しい

## 班会参加者の声

- テーマを一緒に決められたのがよかった
- 気軽に質問できるので行ってみようと思った
- 色々な職種のひとたちが地域に思いをよせてくれているのが嬉しい

## 考察

- “地域の人々と共に、医療機関との連携を強め、安心して住み続けられるまちづくりをすすめる”活動は我々の役割
- 若手スタッフは院内での業務しか経験しておらず、地域活動や予防・健康増進活動の重要性を訴えられてもイメージしにくいのが現状

## 考察

- 多職種で継続的に組合員、地域住民に対し健康増進活動を行うことで個人の知識やコミュニケーション能力の向上、チームワーク形成の仕方を学び、そして地域への愛着がうまれ非常に有用
- 仕事へのやりがいやモチベーションの向上
- 活動への保障の充実の必要性

<組織活　書式２>

# 組合員・職員活動交流集会　演題・抄録用紙

**演題**　**多職種チーム『ぽっちぽっち』の班会活動報告**
**～ 多職種医療の強みを活かして、神谷堀支部にて ～**

提出者氏名：　　地域の組合員　職員　＊いずれかに○
発表者氏名：　　職種：　管理栄養士

**発表形態　①口演　②パワーポイントによる口演　③ポスターセッションの３種類のいずれかに○**

医療の現場（病院・施設など）には、実に様々な専門職種が存在している。医師・看護師・リハビリ課・薬局・検査課・栄養課・・・さらに細かく職種を分けるとキリがない数の専門職種が、個々の専門分野のもとで患者さん・利用者さんの治療・看護・介護にあたっている。その専門職種同士がそれぞれの技術と知識を提供しあい、共通の目標の達成を患者さん・利用者さんとともに目指すことを『多職種（専門職）連携』という。東京ほくと内には、実際にこの多職種（専門職）連携を行い、組合員さん達とともに地域の班会活動を企画・運営しているチームが存在する。それがチーム『ぽっちぽっち』である。メンバーは東京ほくとの医師・看護師・薬剤師・理学療法士・管理栄養士とまさに職種・個性ともに多彩な面々。

チーム「ぽっちぽっち」は２０１０年度の１年間、神谷堀支部に継続的に密着し、年間７回の班会活動を行った。毎回のテーマは、事前にチームと組合員さんとで打ち合わせの場を持ち、地域の方々の興味関心事やニーズに合わせた内容を皆で話し合って決めた。その他「よろず健康相談室」と題して各区民まつりに参加し、多職種の強みを生かして来場者の多彩なジャンルの健康相談を受けた。

年間を通して、看護師のフットケア講座では正しい爪の切り方、理学療法士による靴の選び方、薬剤師・管理栄養士によるサプリメント講座など日常で役立つ豆知識から、医師による事前指示書といった「自身の生き方を考える」講座など、組合員さん達だけでなく、私達ぽっちぽっちメンバーにとっても日常業務内ではなかなか触れる機会の少ない他職種の専門性に触れるとても有意義な時間となった。また地域への愛着、病院への愛着が増しただけでなく、多職種間での自分の役割が見え、専門職としての自信や更なる課題が見えた事も大きな収穫となった。

多職種連携の強みを活かしたチーム『ぽっちぽっち』は今後も積極的に活動継続の予定。身体のこと、薬のこと、食べ物のこと「地域のみんなで勉強したいな。」とお考えの支部さん随時ご依頼お待ちしています。

以上

地域住民が行ったポスター発表