

# Introduction of Hiroshima and Hiroshima University Inter Professional Education (IPE)

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**Hiroshima** is located in the  
South-east Of Japan



**Tokyo**



鳥取

岡山

島根

広島

山口

<https://www.hiroshima-u.ac.jp/en>

# History of Hiroshima Univ.

## Established in 1902

広島大学は、日本で最も多くの前身校をもつ大学でした。

広島高等師範学校は広島大学教育学部の源流です。明治35(1902)年、全国で2校目の中等教員養成機関として創設され、「教育の西の総本山」とも称されました。この高師の大学昇格運動の過程で昭和4(1929)年に設置されたのが広島文理科大学でした。文理大は広島大学文学部、理学部、そして教育学部の一部の基礎をなしました。全国に2校設置され、高師の教員をはじめ主に高等教育機関の教員および研究者を輩出しました。また、文理大に附置されていた理論物理学研究所は、当時学界で



広島高等師範学校 (広島市東千田町・大正3年頃)



広島文理科大学 (広島市東千田町・創設当時)



# Hiroshima University Hospital Overview

## Staffs

Academic staff :176

Medical doctors : 295    Nursing staff : 666

Medical staff : 197    Office staff : 334

## Number of beds in the wards

General ward 724

Psychiatric ward 20

Infectious diseases beds 2

## Patient Numbers (Year 2015)

Out-patient Numbers (People) 579,233

In-patient Numbers (People) 247,929

Room occupancy rate (%) 90.8

# Hiroshima University Kasumi Campus

## Liberal Arts Seminar

### Inter Professional Education (IPE)

- Started from Fiscal Year 2016
- Participating students :
- First grade students (Lower grade IPE)  
expected to start higher grade IPE from 2019

# Participating students :

## First grade students (Lower grade IPE)

- Department of Medicine (n=120)
- Department of Nursing (n=60)
- Physical therapy (n=30)
- Occupational therapy(n=30)
- Department of Pharmacy(n=60)
- Department of Dentistry(n=60)
- Oral hygiene (n=15)
- Oral engineering (n=15)      Total n=390

2017 IPE Schedule			
( Wednesday 12:50~14:20 : Room 4 and 5)			
	date		Content
	date	time	
Day1	2017/4/12	12:30~12:50	Orientation IPE joint lecture Students(31G) n=10-12/G Teacher(n=31)
		12:50~13:20	
		13:20~14:20	
2	2017/4/19	12:30~12:45	Scenario 1 (Communication skill) Tutorial room (Group work)
		12:50~14:20	
3	2017/4/26	12:30~12:50	Scenario 1 (Communication skill) G 11 ~ G 31 5 lectures G 1 ~ G 10 lectures 4
		12:50~13:50	
		13:50~14:10	
		14:10~14:20	
4	2017/5/10	12:30~12:50	Scenario 2 (Medical ethics) (G1 to G16)
		12:50~14:20	
5	2017/5/17	12:30~12:50	Scenario 3 (Initial disaster response) (G17 to G31)
		12:50~14:20	
6	2017/5/24	12:30~12:50	Scenario 2 (medical ethics) (G1 to G16)
		12:50~14:20	
7	2017/5/31	12:30~12:50	Scenario 3 (initial disaster response) (G17 to G31)
		12:50~14:20	
Day8	2017/6/7	12:30~12:50	Scenario 2 and 3 Joint presentation lecture G1 ~ G10 · G21 ~ G31 Room 5 G11 ~ G20 Room 4
		12:50~13:50	
		13:50~14:15	

## Contents

For two months, once a week,  
Time 12:30 – 14:20

Total class are consisted from 8 days

Using 3 scinarios in the class

Scenario 1 (Communication skills)

Scenario 2 (Medical ethics)

Scenario 3 (Initial disaster response)



# Hiroshima University Liberal Arts Seminar

## Inter Professional Education (IPE)

### Scenario 1 (Communication skills)

- General goal (GIO):
  - Understand the importance of communication in multi-occupational collaboration, and acquire required communication skills and attitudes.
- Action target (SBOs)
  - 1) It is possible to analyze the problem of communication in multi-occupied collaborative scenes in the hospital and the risks and solutions accompanying it.
  - 2) Through group announcement, students can share PBL contents of other group.
  - 3) Under the lecture, students can understand the communication skills required for multi-occupation collaboration.



# Outline of IPE communication skill

1. In the small group discussion and PBL facilitation classes, active learning by students is indispensable, as it is a learning method using group dynamism of participating students.
2. Select the chairperson, moderator, presenter from the students and discuss the theme with the chairperson of the student as the lecturer.
3. Advise and support from the facilitator to respect the expression of students even if they are immature statements.

# Step of PBL facilitation

1. The theme of this issue is "communication skills", and lecturers use communication scenes in actual medical scene as video teaching materials.
2. In order to become a medical professional in the future, lecturers aim to understand the importance of communication in multi-occupational collaboration, lecturers aim to acquire the required communication skills and attitudes

# Step of PBL facilitation

3. "Problematic communication content"

4. "Expected medical accidents"

5. "Problems and solutions "

6. Please discuss these three issues.

lecturers will announce it in the next lecture and submit it for each group,

7. Please instruct students to prepare the product and prepare for presentation. It does not matter to the paper or PC data.

# CASE 1: Bad Communication Case

## Video Showing

# Process of extracting issues

## 1. Presentation of task

lecturers suggest that students have three perspectives of "problematic communication content", "expected medical accidents", "problems and solutions" when viewing video teaching materials.

## 2. Introduction of discussion

- First of all, let us talk with free idea.
- If there are no remarks, wait for students' remarks for several minutes.
- If the students still have no remarks, give advice that will make students easy to talk.

# Arrangement of issues

- When the topic almost runs out, summarize what was put on the whiteboard and organize the points.
- To clarify to what extent students do not understand and what students do not know about the extracted issue.
- Let students discuss well enough that they change their perceptions before and after discussion and debates.
- Let students clarify what, why they want to clarify as much as possible.

# Communication in various types of collaboration at medical sites

No7 Group



# 1. Problematic communication contents

The background of the slide features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side and bottom of the slide, creating a modern, layered effect. The main text is positioned on the left side of the slide.

# About medical doctor

- ▶ Attitude is highly intimidating.
- ▶ Doctor calls other medical personnel by name of job category without calling by name.
- ▶ It is not evenly in contact with other medical staff
- ▶ Too much complaints
- ▶ Do not inform of the needed information gathering from the emergency life rescuer in advance

# About nurses

- ▶ Nurses can not communicate with each other among them.
- ▶ They do not grasp the whole story of treatment.

# About Emergency life-saving stuffs

- ▶ They did not inform the appropriate information to the doctor in advance.
- ▶ They give in to the doctor's complaint.

This atmosphere,  
where it is difficult for non-doctors  
to say their opinions.

## 2. Expected medical accident by lack of communication

The patient's condition is getting worse because the procedure is delayed.

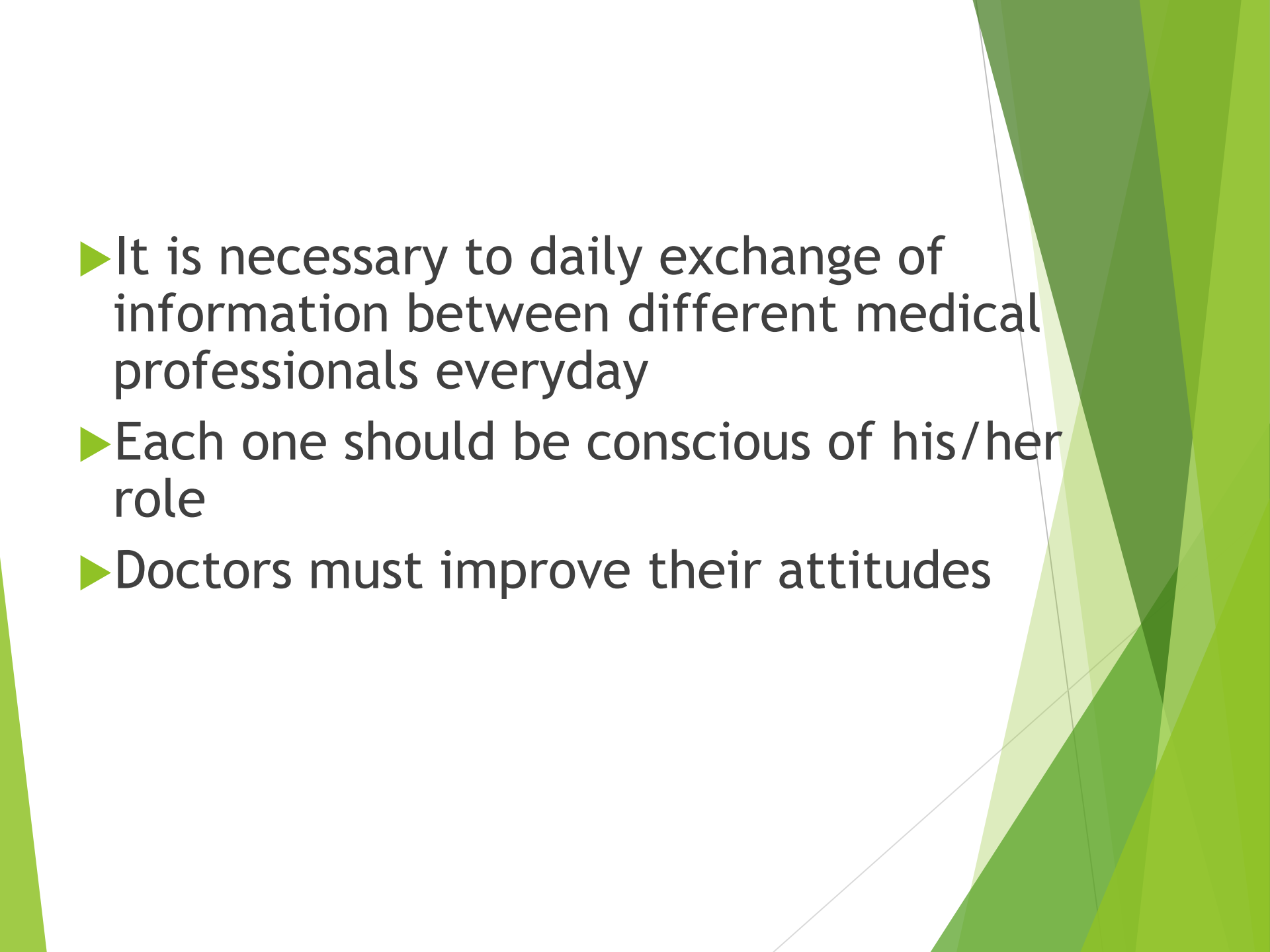



Because the nurse can not communicate well with the doctor about the patient's condition, It will be impossible to respond to sudden changes in the patient's condition.

/Mistake the dose of a medicine or drip

/Other medical stuffs are unaware of or can not point out the doctor's mistake.

# 3 . Problem solutions

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- The background of the slide features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.
- ▶ It is necessary to daily exchange of information between different medical professionals everyday
  - ▶ Each one should be conscious of his/her role
  - ▶ Doctors must improve their attitudes

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- The background of the slide features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.
- ▶ Accept mutual positions
  - ▶ Make a manual
  - ▶ Keep training

# OCASE2 Good Communication Case Video Showing

Thank you so much!!

Terima Kasih!!