The 6th Annual Conference of Japan Primary Care Association

Training and nurturing of healthcare professionals in the support of people's daily life

Date June 13 SAT-14 SUN, 2015
Venue Tsukuba International Congress Center
2-20-3, Takezono, Tsukuba, Ibaraki 305-0032, Japan
President Tetsuhiro Maeno
Professor, Department of Primary Care and Medical Education,
Faculty of Medicine, University of Tsukuba

http://www.c-linkage.co.jp/jpca2015/
Message from the President of the Conference

It is my great pleasure and honor to invite you to the 6th Annual Conference of the Japan Primary Care Association to be held in Tsukuba.

The theme of the conference is “training and nurturing of healthcare professionals in the support of people’s daily life.” Even as Japan’s society ages at a rate unparalleled in the world, its systems for providing medical care remain inadequate. Given this, the training of healthcare professionals who can support communities is urgently needed to ensure that people can live in good health and with peace of mind.

Family physicians who possess the skills and mindset needed to tackle various health issues are being looked to with great expectation by society as the persons best suited for this role. Also, inter-professional work is vital to handle various and complicated healthcare services. As an organization that includes a great many healthcare professionals in its membership, JPCA has an extremely important part to play with respect to these matters.

Our intention is to make the annual conference an opportunity for sharing ideas on what we must take action in order to train human resources capable of supporting community healthcare for the next generation.

Tsukuba is an easy place to get to, located less than an hour by train from Tokyo. Designed to be a “science city,” it is a pleasant community that boasts a splendid natural environment. I sincerely hope to see you there.

Tetsuhiro Maeno
Professor, Department of Primary Care and Medical Education,
Faculty of Medicine, University of Tsukuba
President of the 6th Annual Conference of Japan Primary Care Association
Information for Participants

Registration Desk
Entrance Hall at the 1st Floor, Tsukuba International Congress Center
Saturday, June 13  8:00-17:00
Sunday, June 14  7:30-14:00

Registration Fees
- Doctor/Dentist/Pharmacist  JPY 15,000
- Medical trainee  JPY 9,000
- Other medical staff  JPY 4,000
- Student  JPY 2,000

* The Congress Badge must be worn all the time during the Congress Period.
* In order to register for a student ticket, you are required to present your student ID card.
* You are required to pre-register for the workshops.

Wireless Internet Service
A wireless Internet service is available at the congress venue, including the lobby.
SSID: jpca2015
Password: jcatsukuba

Lunch Box
A lunch box can be purchased for JPY1000 at the entrance located on the 1st floor of Tsukuba International Conference Center during the times listed below.
Saturday, June 13  12:00-13:50
Sunday, June 14  12:00-13:30

For those who have registered previously, your ticket is attached to your name badge.
Those who register on-site should come to the General Information Desk to purchase a ticket.
As the number of lunch boxes is limited, please note that they are sold on the first-come-first-serve basis.

Cloakroom
Entrance Hall at the 1st Floor, Tsukuba International Congress Center
Saturday, June 13  8:00-20:30
Sunday, June 14  7:30-15:30

*Umbrellas and valuables cannot be deposited here.
*We may refuse to store your belongings if there are space constraints.

If you have any question...
Please feel free to seek clarifications from the General Information Desk.

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Program at a glance

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### Symposium 1
Role of hospitalist in Japan
- 9:00-10:30

### Education Lecture 2
10:45-12:15
- General, ethical, and legal considerations in practice
- Development of a care plan

### Education Lecture 3
Live Streaming
- The role of physical medicine in primary care
- Development of a care plan

### Joint Program 1
BPSD management in primary care
- 10:46-12:15

### Workshop 6
Clinical practice on advance care planning and end-of-life decision making
- 10:00-12:00

### Workshop 7
Let’s try simulated discharge conference and think about real medical care.
- 10:00-12:00

### Symposium 2
Dawn of the primary care nurse training
- 9:00-10:15

### Workshop 8
- 9:15-10:30
- The acts of the community pharmacy
- Educational setting for pharmacy

### Workshop 9
- 9:45-10:15
- Geriatric clinic bundle for physicians
- Patient management in a clinic bundle

### Workshop 10
- 9:30-12:15
- Let’s make an informed consent form

### Workshop 11
- 9:30-12:15
- Using learning portfolio for continuing professional development of generalist physicians in Japan

### Workshop 12
Development of medical care for the department of general medicine in the hospital
- 10:46-12:15

### Workshop 13
Vaccine Update - Can you explain the need for vaccine properly?
- 12:30-15:30

### Symposium 5
Case report of intubation and emergency resuscitation
- 13:30-15:30

### Workshop 14
Child care: How do we vaccinate children?
- 13:30-15:00

### Workshop 15
Skills-Up seminar for chairpersons: How do we coordinate care more effectively?
- 13:30-15:00

### Workshop 16
Let’s discuss healthcare for lesbian, gay, bisexual, and transgender patients
- 13:30-15:00

### Workshop 17
Challenges! Delphi technique as a consensus method
- 13:30-15:00

### Workshop 18
Prenatal, neonatal, and perinatal care for family physicians
- 13:30-15:00

### Workshop 19
Let’s talk full advantage of the principle in a clinic. To avoid diagnostic pitfalls
- 13:30-15:00

### Workshop 20
The technical of sample manual examination of a bedside ultrasound machine in bed-side for prevention of bedridden state
- 16:00-17:30

### Workshop 21
Point of view and practice of Interprofessional work - Manpower the formal branch of the Japan Primary Care Association
- 17:30-18:30

### Workshop 22
Early management of weight loss in primary care patients
- 17:30-18:30

### Workshop 23
Community health care workshop - How to coordinate acute care and home care
- 17:30-18:30

### Workshop 24
Evidence-based preventive medicine: Individual approach and community approach
- 17:30-18:30

### Workshop 25
How to use SEIs for bed-side work? It is a medical conference Technique for feedback and feeding in demonstrative process
- 17:30-18:30

### Workshop 26
To be a leader of integrated community care
- 17:30-18:30

### Workshop 27
Ultrasound for primary care physicians
- 17:30-18:30

### Symposium 6
Career development of the family physician-generalist
- 19:00-20:30

### Joint Program 2
Towards developing multidisciplinary human resources in future primary care
- 16:20-17:20

### Main Symposium
Career development of the family physician-generalist
- 19:00-20:30

### Special Session
Posters Presentation
- 19:00-20:30

### Social Gathering
- 19:00-20:30

### Tea Break
- 13:00-14:30

### Poster Presentation
- 19:30-20:30

### Company Exhibitions
- 19:30-20:30

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English Program

June 13 (Sat)

10:45-12:15  Educational Lecture 3  [2F Room 2]
The Erosion of the Teacher Student Relationship in the Medical Education: A Need to Return to the Social Capital Model of Medical Education

13:50-15:50  International Session (Oral)  [2F Room 4]

16:20-18:40  Main Symposium  [2F Room 1]
Career Development of the Family Physician-Generalist

June 14 (Sun)

9:40-12:00  Workshop 29  [3F Room 9]
Medical Generalism: An International Workshop (Part 2)
*Only for participants who registered in advance.

12:20-13:15  Lunchtime Session 1  [2F Room 3]
Let’s think about the role of family doctors! What did we learn from young doctors’ Exchange Programs with the UK and South Korea?

13:30-14:18  International Session (Poster)  [1F Conference Room 101+102]

Main Symposium
The Erosion of the Teacher Student Relationship in the Medical Education: A Need to Return to the Social Capital

Keynote Speech:
The Role and Position of the Family Physician-Generalist – Implications for Education and Research

Chris van Weel
Emeritus Professor of Family Medicine/General Practice Radboud University, Nijmegen, The Netherlands Professor of Primary Health Care Research Australian National University, Canberra Past President of Wonca
Specialty Chief Editor Family Medicine and Primary Care section Frontiers in Medicine and Frontiers in Public Health

Most health care is taking place in the community; individuals experience a large variety of health problems over time but will only occasionally contact a health care professional. When they do it is for implicit or explicit reasons with a provider in the community. Primary health care is where episodes of care start and in the large majority of cases are treated from their start to their resolution. This is the model of the ‘ecology of medical care’ and from it the function of the generalist family physician and primary health care can be derived:

- Respond to unclarified health problems, apply relevant diagnostic and prognostic analysis;
- Provide diagnosis and treatment for the most common health problems in the community;
- Engage with the individual patients and the population in community over time.

This creates health care with the person and community at the centre, based on a long-term (continuous) personal working relation of trust between a family physician and patient. Shared decision making is the approach of choice, to address preferences, needs and expectations of the patient. Strong primary health care improves population health at low costs, therefore health care has to be operated from the expertise of the family physician-generalist, also when patients have to be referred to hospital and specialist care.

The role of the family physician generalist and primary health care has to be supported by academic outreach:

- Family physicians have to be educated in the community setting, based on the values of primary health care. Successful completion of this education is obligatory to qualify to practice in primary health care.
- Research is needed to understand how person- and people-centeredness, continuity of care, a holistic approach and the relation of trust determine the outcome of care.

References:
A major shortcoming of Japanese primary care is the lack of academic activities for exploring medical generalism from a global perspective. Even if overseas experts are interested in supporting Japanese family medicine or engaging in collaborative research, few academic departments in Japan can accommodate these intentions. Clinical practice consists of two distinct approaches: the specialist approach and the generalist approach. The specialist approach is to diagnose “diseases” by comparing the patients’ symptoms against a database of medical knowledge and experience. In contrast, the generalist approach is to understand a patient’s “illness experiences” by exploring what their suffering means in the big picture, within the context of their lives. Family doctors have the advantage of being able to utilize both of these approaches in a balanced manner. However, opportunities for trainees to develop this expertise and learn its values are currently lacking in Japan. Medical generalism must be deepened and broadened beyond the current basic concept of simply addressing clinical problems in multiple areas. Therefore, academic departments in the family medicine and primary care fields should play the following vital roles:

- Train residents to become family medicine specialists by exposing them to specialist primary care role models in the community;
- Act as an interface between medical students and these fields so that students can learn the principles of family medicine and begin to view it as a potential career in the earliest stages of their undergraduate education;
- Coordinate community-based programs to learn more about the work being done by primary care teams;
- Promote primary care research and develop educational methods at the graduate school level; and
- Serve as academic hubs for overseas primary care experts and international collaborative research projects.

Family medicine blossomed in the late 1960s as counter culture to the rapid specialization of medicine. We are now experiencing what could be a second spring for family medicine. There is increasing realization that specialization and a hospital centric system cannot meet the future needs of a rapidly ageing population. In Singapore, primary care is undergoing transformation to meet the needs of what is termed the “silver tsunami” of a rapidly ageing population. Integrated care and transition care are new care concepts that are widely accepted as the strategy that will enable us to join up a fragmented health care system. Family physicians, well trained in providing comprehensive and continuing care with a community orientation, is seen as the right kind of specialist for the task. The family physician in Singapore who had competed advanced training in family medicine are highly sought after. In community clinics, they provide care to patients with complex co-morbidities that previously require multiple specialist care. In community hospitals they provide continuing care to patients who are discharged from acute hospitals and focus on restoring function and returning them safely home. In acute hospitals and academic medical centers, family physicians work in transitional care services, ensuring patients are safely handed back to their colleagues in the community. They also provide transitional home care to patients who need continued stabilization at home in the immediate post discharge period.

In 2012, the College of Family Physicians Singapore re-defined family physicians as a specialist who had achieved expert level competency in 6 areas of patient care namely: personal care, primary care, preventive care, comprehensive care, continuing care and coordinated care. They practice in diverse settings bringing to bear their expertise to ensure that patient receive healthcare that is contextualized to uniqueness of the person, the community and the environment, as they journey through the cycle of care. Family physicians in Singapore now work across the entire spectrum of the healthcare system and are receiving increasing recognition for their role in bringing together a fragmented health care system and returning it to the people.
Workshop 29
Learning about “Medical Generalism” Part 2

Purpose
Since the report Medical Generalism: Why expertise in whole person medicine matters published by the Royal College of General Practitioners in 2012 has now been translated into Japanese and published online by the Japan Primary Care Associations, this workshop aims to further our understanding on this topic by discussing its essence.

Overview
What is the expertise of seeing or doing things generally? What does being a generalist mean? These are some of the questions you might have come across or possibly asked yourself. Whilst the concept of primary care and family medicine has been firmly established globally in recent years and there is a growing importance in their role in healthcare systems, discussion on the essence of generalism and how it can develop to meet the changing needs of the society is now needed and wanted more than ever.

This is an international workshop. We have invited two academic general practitioners, Dr Evelyn van Weel-Baumgart from Radboud University, Netherlands and Dr Greg Irving from the University of Cambridge, United Kingdom as well as delegates from the RCGP and Korean Academy of Family Medicine who are attending the conference through the exchange programme this year. The format of this workshop is world café style with three rounds and this includes discussion amongst all the participants moving in between small tables.

A report on this workshop combined with the previous one Learning from Medical Generalism Part 1 held at the JPCA Annual Conference 2014, Okayama is to be published in the official journal of the JPCA in due course.

There will be a satellite workshop held by the JPCA in Tokyo on the 11th April 2015 with Professor Amanda Howe as the keynote speaker, who is the lead author of the RCGP document Medical Generalism: Why expertise in whole person medicine matters and President-Elect of the World Organisation of Family Doctors (Registration details for this event will be provided separately). We recommend that participants attend both workshops to get involved in debate and deepen their understanding about medical generalism.

Lunchtime Session 1
Let’s think about the role of family doctors!
What did we learn from young doctors’ Exchange Programs with the UK and Korea?

Purpose
Health care system is different in each country. What kind of roles do family doctors have in different countries? What should Japanese family doctors contribute to the world?
In this session, all participants can listen to and share experiences of the exchange programs between the Royal College of General Practitioners (RCGP) in the UK and the Japan Primary Care Association (JPCA) in 2013-2014, and between the Korean Academy of Family Medicine (KAFM) and the JPCA in 2014. At the same time, we will discuss those questions together.

Overview
In the session, young family doctors from the UK, Korea, and Japan will provide practical information about the role of family doctors in each country.

Delegates of “the UK-Japan exchange program” and “the Korea-Japan exchange program” supported by the RCGP, the KAFM, and the JPCA will present their achievements as posters during the Annual Conference. We have invited 5 doctors from the UK and 3, from Korea in 2015.

We should discuss how these exchange programs contribute to the improvement of primary care in each country. We also consider what kind of role Japanese family doctors can take in the world.

The JPCA Committee for International Learning and Professional Development carries out these exchange programs every year. Senior residents and young doctors up to 5 years after qualified can be applicants.

We welcome you all who are interested in the exchange program. We also highly appreciate attending doctors to participate.
We are looking forward to seeing you all at this session!
About Tsukuba City

Tsukuba City is located approx. 50 km from Tokyo, only 45 min. by Tsukuba Express line (express railway) and 60 min. by car, thus providing an excellent accessibility from the central area of Tokyo. The topography is rather flat and is covered with a rich natural environment comprising of landmarks, such as the well-known Mt. Tsukuba in the north, and the second largest Japanese lake, Lake Kasumigaura in the east.

Tsukuba Science City was built in order to ease congestion in Tokyo and to conduct high-level research and education by transferring national research and development and educational institutions systematically. The city is now the largest science technology accumulation site in the country, with over 300 public and private institutions and enterprises located in the area.

Surrounded by a rich green environment, there are 146 parks in the city connected by a 48 km “pedestrian-only path” that ensures the safety of citizens and maintains the beautiful scenery. There are various city facilities in the locality, including an art museum and a library along the Tsukuba Koen Dori (Tsukuba Park Street), the main area on the path.

Weather:

In early summer, most parts of Japan experience rain, which lasts from early June until mid-July, so it is important to be prepared for rain at all times.

Average temperature in June: 20 degrees Celsius (Max 25°C / min 16°C)

You are advised to carry a long sleeves jacket in case of chillness in the night, although short sleeves can be used comfortably during the day.
Shuttle services are available for the duration of the congress between Tsukuba Center Sta. and Tsukuba International Congress Center.
The bus departs from the main entrance of Tsukuba International Congress Center.

Operational hours

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* 15-20 minutes frequency

Fare: Free