総合診療医のための
研究メンタリング・コーチングスキル
by JUGLER

多胡 雅毅　　（佐賀大学）　　　鋪野 紀好　　（千葉大学）
志水 太郎　　（獨協医科大学）　和足 孝之　　（島根大学）
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JUGLER

Japan University General medicine
Leadership and Education Roundtable

本日の内容

- **イントロ**
- 調査結果紹介
- データ・理論紹介
- 成功事例紹介
- ディスカッション
- まとめ

JUGLER

Japan University General medicine
Leadership and Education Roundtable

総合診療領域から現場で役立つ良質なエビデンス	▶	総合診療医学の専門性の確立、医療技術の向上
我が国の総合診療領域の研究活動は不十分	▶	研究成果を上げるために研究指導体制を構築する必要がある

コンテンツ

学会員向けに行った調査結果報告	メンタリング・コーチングに関するデータ・理論・研究論文・書籍の紹介	各自の成功事例の紹介	研究メンタリング・コーチングスキル・サポート体制構築に関するトピック別ディスカッション

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JSHGM会員向けアンケート
調査実施　2021/4月
会員数　1886名
回答　**275名（14.6%）**

	全体	全体中央値 N=275
卒後年数	NA	21 (12-33)
男性	240/274 (87.6)	NA
所属先		
診療所	11 (4)	NA
市中病院	131 (47.6)	NA
大学医局から市中病院への派遣	30 (10.9)	NA
大学病院	103 (37.5)	NA
役職		
管理職（大学以外）	94 (34.2)	NA
非管理職（大学以外）	80 (29.1)	NA
教授（大学）	23 (8.4)	NA
准教授（大学）	22 (8.0)	NA
講師（大学）	16 (5.8)	NA
助教（大学）	27 (9.8)	NA
医員（大学）	12 (4.4)	NA
その他	1 (0.4)	NA

	n（%）	中央値
総合診療領域の研究の必要性認識度（5段階）	NA	5 (4-5)
実際の総合診療領域の充足度（5段階）	NA	2 (2-3)
実際の研究エフォート（%）	NA	10 (5-20)
理想の研究エフォート（%）	NA	30 (20-40)
研究のためにプロテクトされた時間あり	40 (14.5)	NA
プロテクトされた時間（時間/週）	NA	6 (4-10)
研究メンターの存在あり	**85 (30.9)**	NA
研究経験あり	232 (84.4)	NA
論文執筆あり（過去3年間、共著・筆頭問わない）	201 (73.1)	NA
英語研究論文（過去3年、単位；本）		
筆頭著者	443	0 (0-1)
共著者	995	0 (0-4)
英語総説論文（過去3年、単位；本）		
筆頭著者	67	0 (0-0)
共著者	82	0 (0-0)
英語症例報告（過去3年、単位；本）		
筆頭著者	171	0 (0-0)
共著者	537	0 (0-2)
その他の英語論文（過去3年、単位；本）		
筆頭著者	36	0 (0-0)
共著者	71	0 (0-0)

研究テーマ択一

clinical research, public health and preventive medicine, medical education, basic science, health services, safety and quality, and others
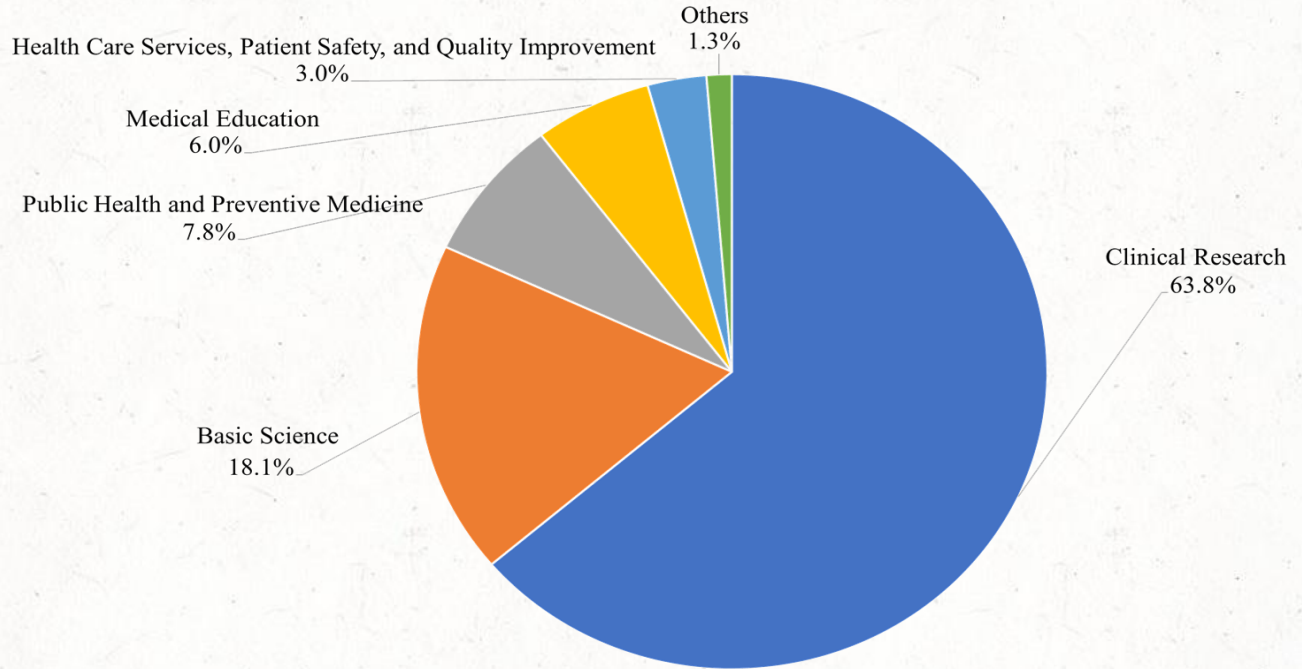
	メンターなし N=190	メンターあり N=85	p value
卒後年数	27 (15-36)	13 (8-18)	<0.001
男性	170 (89.5)	70/84 (83.3)	0.155
所属先			
診療所	6 (3.2)	5 (5.9)	
市中病院	101 (53.2)	30 (35.3)	
大学医局から市中病院への派遣	23 (12.1)	7 (8.2)	0.009
大学病院	60 (31.6)	43 (50.6)	
総合診療領域の研究の必要性認識度（5段階）	5 (4-5)	5 (4-5)	0.490
実際の総合診療領域の充足度（5段階）	2 (2-3)	2 (2-3)	0.658
実際の研究エフォート（%）	10 (5-20)	10 (10-20)	0.014
理想の研究エフォート（%）	30 (18.75-35)	30 (20-40)	0.176
研究のためにプロテクトされた時間あり	21 (11.1)	19 (22.4)	0.014
研究経験あり	156 (82.1)	76 (89.4)	0.123
メイン研究種類			0.001
基礎系	30 (15.8)	8 (9.4)	0.157
組織・病理	4 (2.1)	NA	0.178
臨床研究	105 (55.3)	43 (50.6)	0.472
医学教育	7 (3.7)	7 (8.2)	0.113
医療サービス・安全・質	3 (1.6)	4 (4.7)	0.128
公衆衛生・予防医学	5 (2.6)	13 (15.3)	<0.001
その他	2 (1.1)	1 (1.2)	0.927
論文執筆あり（過去3年間、共著・筆頭問わない）	134 (70.5)	67 (78.8)	0.152
英語研究論文（過去3年、単位；本）			
筆頭著者	0 (0-0.25)	1 (0-1.5)	0.003
共著者	0 (0-3.25)	1 (0-4)	0.112
英語症例報告（過去3年、単位；本）			
筆頭著者	0 (0-0)	0 (0-1)	0.014
共著者	0 (0-2)	0 (0-2)	0.119

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メンタリング とは

メンター （Mentor）：指導する側
メンティー（Mentee）：指導される側

1対1の関係

メンター

メンティー

人材育成方法

メンタリング とは

メンターの6ルール

1. メンティー選びは慎重に
2. メンターシップチームの結成
3. しっかりとした管理
4. 軋轢の解消
5. メンターシップの不正行為を回避
6. 次世代への引継ぎ

6 Things Every Mentor Should Do. Harvard Business Review 2017.

コーチング とは

コーチ（Coach）：指導する側
クライアント（Client）：指導される側

1対1の関係

メンター

メンティー

人材育成方法

コーチング とは

「コーチングとは、もっとも欲しい結果（ゴール）を明確にし、自分一人では絶対に行くことができないであろう速さで、ゴールに向かうことを助けること。」

現状の確認

STEP1

STEP2

ゴール（目的地、望ましい状態）の具体化

STEP3

成果を妨げる可能性があるもの
必要なリソースの明確化

STEP4

行動計画の作成

メンタリングとコーチング の関係

メンタリング

コーチング

コーチングはメンタリングの部分問題解決法

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Intern Med (1.271)

Yosuke Sasaki, MD, PhD

【 CASE REPORT 】

Pseudo-thrombotic Microangiopathy Caused by Acquired Cobalamin Deficiency Due to Unintentional Neglect: A Case Report

Tomoyuki Shigeta[1], Yosuke Sasaki[1], Tadashi Maeda[1], Erika Hanji[1] and Yoshihisa Urita[1]

https://bit.ly/3yX2dAU
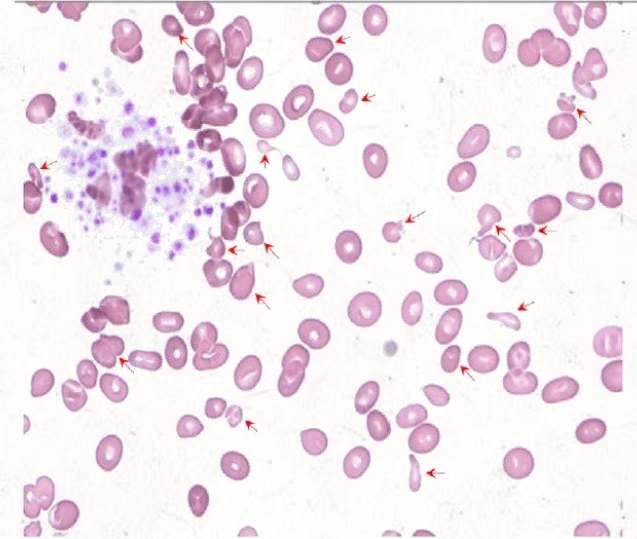
Figure. Peripheral blood smear. Note: Numerous schistocytes are evident (arrows).
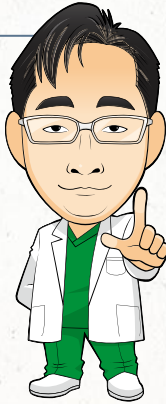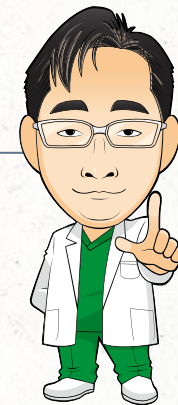
CASE REPORT

Metronidazole-induced encephalopathy associated with treatment for liver abscesses

Yurika Hanji MD[1] | Yosuke Sasaki MD[1] | Yosuke Matsumoto MD[1,2] |
Tadashi Maeda MD, PhD[1] | Yoshihisa Urita MD, PhD[1]

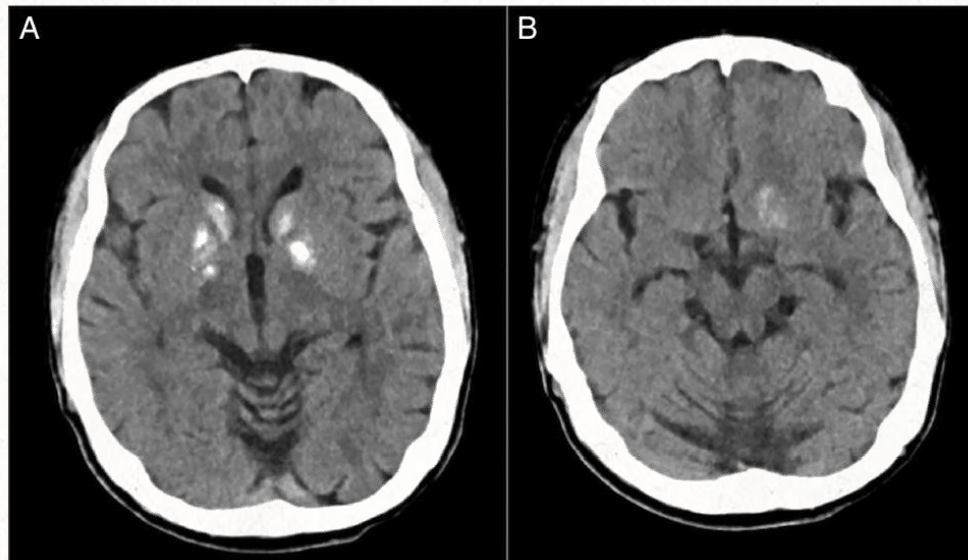https://bit.ly/2YyQ48A
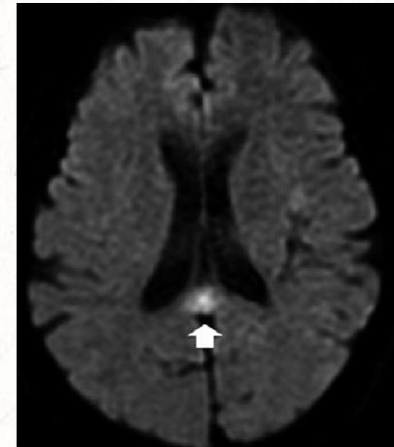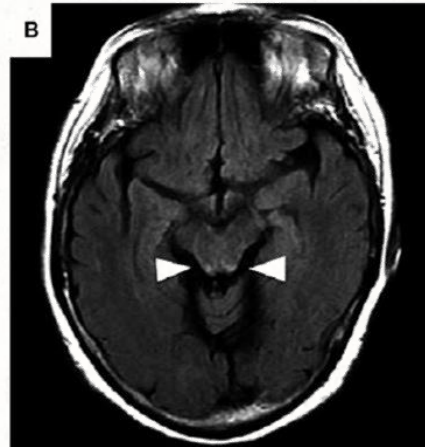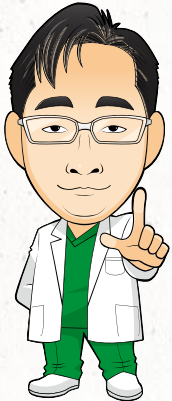
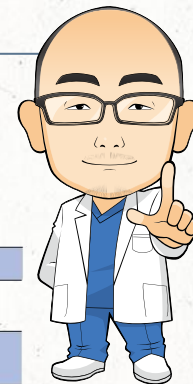# BMJ Case Rep

Yosuke Sasaki, MD, PhD

CASE REPORT

Characteristics of 22q 11.2 deletion syndrome undiagnosed until adulthood: an example suggesting the importance of psychiatric manifestations

Kenta Furuya, Yosuke Sasaki, Taizo Takeuchi, Yoshihisa Urita

https://bit.ly/3hiBngx

BMJ Open (2.496)

Masaki Tago, MD, PhD

BMJ Open

Relationships between sites of abdominal pain and the organs involved: a prospective observational study

Shun Yamashita, Masaki Tago, Naoko E Katsuki, Tomoyo M Nishi, Shu-ichi Yamashita

https://bit.ly/3jRhnTU

Table 3 Relationships between sites of abdominal pain and diagnoses of patients in the present study

Sites of pain	Organs involved	Sensitivity %	Specificity %	Lr+ (95% CI)	Lr− (95% CI)
Left flank	Dermatological	66.7	83.9	4.14 (1.27 to 5.92)	0.40 (0.07 to 0.95)
Right subcostal	Liver and biliary tract	56.0	84.4	3.59 (2.23 to 5.08)	0.52 (0.32 to 0.76)
Right flank	Urinary tract	39.5	86.1	2.84 (1.71 to 4.42)	0.70 (0.53 to 0.87)
Mid-lower	Intestinal	32.0	87.1	2.47 (1.60 to 3.83)	0.78 (0.70 to 0.88)
Right subcostal	Musculoskeletal	41.7	82.2	2.34 (1.05 to 4.0)	0.71 (0.39 to 0.99)
Epigastric	Oesophagus, stomach and duodenum	53.4	76.1	2.24 (1.60 to 2.99)	0.61 (0.46 to 0.79)
Left flank	Urinary tract	31.6	85.4	2.16 (1.23 to 3.57)	0.80 (0.63 to 0.96)
Epigastric	Urinary tract	7.9	68.1	0.25 (0.08 to 0.66)	1.35 (1.15 to 1.44)
Periumbilical	Urinary tract	5.3	75.7	0.22 (0.06 to 0.72)	1.25 (1.08 to 1.31)
Mid-lower	Liver and biliary tract	4.0	78.4	0.19 (0.33 to 0.92)	1.22 (1.02 to 1.27)
Generalised	Oesophagus, stomach and duodenum	1.7	89.5	0.17 (0.03 to 0.90)	1.10 (1.01 to 1.12)

LR, likelihood ratio.

PLOS ONE (3.24)

Kiyoshi Shikino, MD, PhD, MHPE, FACP

PLOS ONE

Does a learner-centered approach using teleconference improve medical students' psychological safety and self-explanation in clinical reasoning conferences? a crossover study

Yoji Hoshina [ID], Kiyoshi Shikino [ID]*, Yosuke Yamauchi[‡], Yasutaka Yanagita[‡], Daiki Yokokawa [ID][‡], Tomoko Tsukamoto[‡], Kazutaka Noda[‡], Takanori Uehara [ID][‡], Masatomi Ikusaka[‡]

Department of General Medicine, Chiba University Graduate School of Medicine, Chiba, Japan

メンタリング
×
コーチング
の両輪を活用する

Items	Intervention mean, SD (n = 34)	Control mean, SD (n = 34)	p-value
1. If you make a mistake on this team, it is often held against you. (R)	2.0 ± 1.2	2.8 ± 1.4	$<0.01^{**}$
2. Members of this team are able to bring up problems and tough issues.	4.7 ± 1.2	5.1 ± 1.1	$<0.01^{**}$
3. Members of this team sometimes reject others for being different. (R)	1.9 ± 1.0	2.9 ± 1.5	$<0.01^{**}$
4. It is safe to take a risk on this team.	5.1 ± 1.4	4.3 ± 1.7	$<0.01^{**}$
5. It is difficult to ask other members of this team for help. (R)	2.4 ± 1.4	3.2 ± 1.7	$<0.01^{**}$
6. No one on this team would deliberately act in a way that undermines my efforts.	5.9 ± 1.4	5.1 ± 1.8	$<0.01^{**}$
7. Working with members of this team, my unique skills and talents are valued and utilized.	4.5 ± 1.4	3.9 ± 1.8	$<0.01^{**}$

$^{*}p<0.05$
$^{**}p<0.01$
Intervention: Learner-centered approach teleconference, Control: Traditional live style conference.
Note: Each item was measured on a 7-point Likert scale: 1 = very inaccurate; 7 = very accurate.
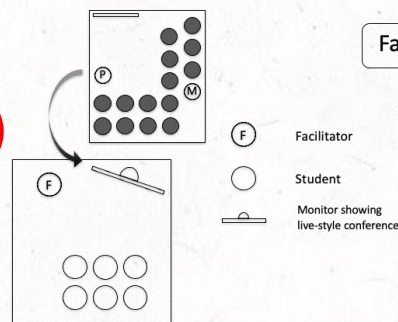(R): reversed score.

https://bit.ly/2X2KWsC

World Neurosurg (1.83) Takashi Watari, MD, MHQS, Ph.D

ORIGINAL ARTICLE

Check for updates

Characteristics and Burden of Diagnostic Error—Related Malpractice Claims in Neurosurgery

Kazuya Otsuki[1] and Takashi Watari[2,3]

■ BACKGROUND: Neurosurgery is a specialty associated with high risk of malpractice claims, which can be influenced by quality and safety of care. Diagnostic errors have gained increasing attention as a potentially preventable problem. Despite the burden of diagnostic errors, few studies have analyzed diagnostic errors in neurosurgery. We aimed to delineate the effect of diagnostic errors on malpractice claims involving a neurosurgeon.

■ METHODS: This retrospective study used the national Japanese malpractice claims database and included cases closed between 1961 and 2017. To examine the effect of diagnostic errors in neurosurgery, we compared diagnostic error—related claims (DERCs) with non-DERCs in indemnity, clinical outcomes, and factors relating to neurosurgeons.

■ RESULTS: There were 95 closed malpractice claims involving neurosurgeons during the study period. Of these claims, 36 (37.9%, 95% confidence interval [CI] 28.7%—47.9%) were DERCs. Patient death was the most common outcome associated with DERCs. Wrong, delayed, and missed diagnosis occurred in 25 (69.4%, 95% CI 53.1%—82.0%), 4 (11.1%, 95% CI 4.4%—25.3%), and 7 (19.4%, 95% CI 9.8%—35.0%) cases, respectively. The most common presenting medical condition in DERCs was stroke. Subarachnoid hemorrhage, accounting for 85.7% of stroke cases, led to 27.8% of the total indemnity paid in DERCs.

■ CONCLUSIONS: DERCs are associated with higher numbers of accepted claims and worse outcomes. Identifying diagnostic errors is important in neurosurgery, and countermeasures are required to reduce the burden on neurosurgeons and improve quality. This is the first study to focus on diagnostic errors in malpractice claims arising from neurosurgery.

INTRODUCTION

The 2015 report of the U.S. National Academies of Sciences, Engineering, and Medicine, *Improving Diagnosis in Health Care*, identified diagnostic errors as a major public health problem.[1] Furthermore, a 25-year summary of malpractice claims showed that diagnostic errors result in high mortality rates and serious financial problems.[2] In outpatient care, the frequency of such errors is estimated to be approximately 5%.[3] Approximately 12 million adult patients are affected by diagnostic errors annually in the United States, and approximately half of these errors result in medical problems.[3] Given its negative effect on patients, minimizing diagnostic errors is vital.

Epidemiologic research on diagnostic errors, which in clinical practice is confounded by processes and environmental factors, is difficult to conduct, and the primary available data are those derived from malpractice claims. Diagnostic errors are a principal reason for malpractice claims.[4-9] Claims data include vital information, including the patient's and medical provider's perspectives. A survey of 40,916 physicians in the United States from 1991—2005 found that 19.1% of neurosurgeons were involved in malpractice claims annually, which was the top rate out of 25 specialties.[10] Malpractice claims are a significant concern for neurosurgery, where there is little room for error, and rapid decision making is often required.

1. PubMed検索

2. 効率的論文の読み方

3. annotated bibliography

4. 統計手法基礎

5. 論文の書き方
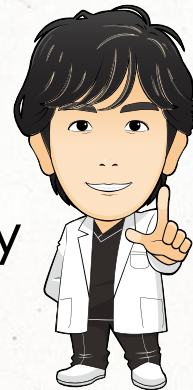
4年生から開始、
卒業前にアクセプト

https://bit.ly/3E25pPt

Intern Med (1.271)

Taro Shimizu, MD, PhD, MPH, MBA

【 REVIEW ARTICLE 】

Mondor's Disease: A Review of the Literature

Masayuki Amano[1] and Taro Shimizu[2]

ナラティブレビューからの執筆導入
×
指導文化の連鎖

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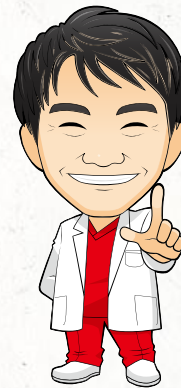
RESEARCH ARTICLE   **Open Access**

CrossMark

Skills acquisition for novice learners after a point-of-care ultrasound course: does clinical rank matter?

Toru Yamada[1,2], Taro Minami[3,4*], Nilam J. Soni[5], Eiji Hiraoka[2], Hiromizu Takahashi[6], Tomoya Okubo[7] and Juichi Sato[1]

Abstract

Background: Few studies have compared the effectiveness of brief training courses on point-of-care ultrasound (POCUS) skill acquisition of novice attending physicians vs. trainees. The purpose of this study was to evaluate the change in POCUS image interpretation skills and confidence of novice attending physicians vs. trainees after a 1-day POCUS training course.

Methods: A 1-day POCUS training course was held in March 2017 in Japan. A standardized training curriculum was developed that included online education, live lectures, and hands-on training. The pre-course assessment tools included a written examination to evaluate baseline knowledge and image interpretation skills, and a physician survey to assess confidence in performing specific ultrasound applications. The same assessment tools were administered post-course, along with a course evaluation. All learners were novices and were categorized as trainees or attending physicians. Data were analyzed using two-way analysis of variance.

Results: In total, 60 learners attended the course, and 51 learners (85%) completed all tests and surveys. The 51 novice learners included 29 trainees (4 medical students, 9 PGY 1–2 residents, 16 PGY 3–5 residents) and 22 attending physicians (6 PGY 6–10 physicians, and 16 physicians PGY 11 and higher). The mean pre- and post-course test scores of novice trainees improved from 65.5 to 83.9% while novice attending physicians improved from 66.7 to 81.5% ($p < 0.001$). The post-course physician confidence scores in using ultrasound significantly increased in all skill categories for both groups. Both trainees and attending physicians demonstrated similar improvement in their post-course test scores and confidence with no statistically significant differences between the groups. The course evaluation scores for overall satisfaction and satisfaction with faculty members' teaching skills were 4.5 and 4.6 on a 5-point scale, respectively.

Conclusions: Both novice trainees and attending physicians showed similar improvement in point-of-care ultrasound image interpretation skills and confidence after a brief training course. Although separate training courses have traditionally been developed for attending physicians and trainees, novice learners of point-of-care ultrasound may acquire skills at similar rates, regardless of their ranking as an attending physician or trainee. Future studies are needed to compare the effectiveness of short training courses on image acquisition skills and determine the ideal course design.

Keywords: Point-of-care ultrasound, Education, Effectiveness, Trainees, Attending physician

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[4]Department of Medicine, the Warren Alpert Medical School of Brown University, Providence, RI, USA
Full list of author information is available at the end of the article

Corowa-kun: Impact of a COVID-19 vaccine information chatbot on vaccine hesitancy, Japan 2021

Authors: Takaaki Kobayashi[1], Yuka Nishina[2], Hana Tomoi[3], Ko Harada[4], Kyuto Tanaka[5], Eiyu Matsumoto[1], Kenta Horimukai[6], Jun Ishihara[7], Shugo Sasaki[8], Kanako Inaba[9], Kyosuke Seguchi[10], Hiromizu Takahashi[11], Jorge L. Salinas[1], Yuji Yamada[12]

How does Corowa-kun work?
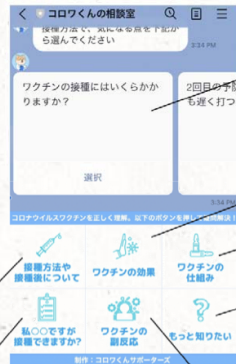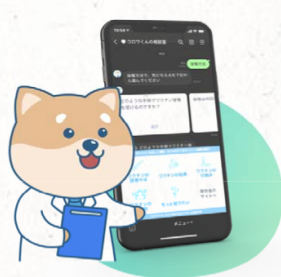
- Message from Corowa-kun (i.e., answers, or more options for selected questions)
- Efficacy of the COVID-19 vaccine?
- How does the vaccine work?
- I want to know more
- Side-effects from the COVID-19 vaccine (other miscellaneous questions)
- I have XX (select comorbidity), but can I get a COVID-19 vaccine?
- How can I get a COVID-19 vaccine?

Corowa-kun is the mascot of an online chatbot. This chatbot in LINE is used to answer COVID-19 vaccine frequently asked questions (FAQs) via text messages. As of May 10th, 70 FAQs are available.

https://bit.ly/391r0sX

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参考書籍、論文紹介

Taro's Effective Leadership and Management for Physicians

志水太郎の
愛され指導医に なろうぜ
最高の現場リーダーをつくる
志水太郎 著

日本医事新報社

The Mentoring Guide
Helping Mentors and Mentees Succeed
Vineet Chopra, Valerie M. Vaughn, Sanjay Saint

医療者のための
成功する メンタリングガイド
［監訳］徳田安春

メンタリングの重要性は熟知しているが，
ではどうすれば？に
ここまで答えてくれる本はなかった！

メンターを
見つけたい方
メンティーを
育てたい方へ

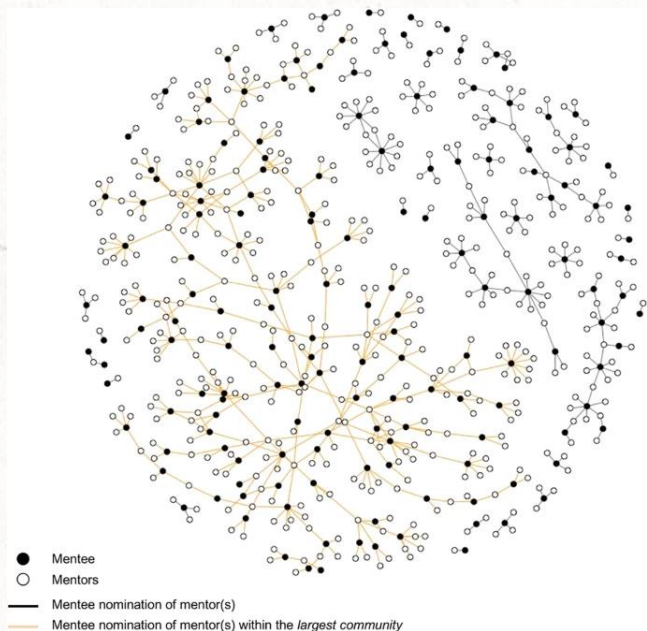すばらしいメンティーを育て続ける徳田先生監訳というだけで
心惹かれます。
双方に実りをもたらす手法がわかる，納得の一冊です。

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医学書院

- Mentee
- Mentors
- ── Mentee nomination of mentor(s)
- ── Mentee nomination of mentor(s) within the *largest community*

有意に関連する

・総合診療コミュニティ内でつながりの強い
メンターを持っている
・研究面で結果をだしているメンターを選ぶ
・メンターの距離感
・大きめの研究ネットワークに属す

有意ではない

・メンター数
・メンティーの学年

Chaiyachati, K.H. *et al.* The Association Between Mentor-Mentee Network Features and Publication Productivity Among Early Career Academic Generalists. *J GEN INTERN MED* **34,** 346–348 (2019).

— Special contribution —

Five tips on clinical research for young Japanese generalists

Masaki Tago[1]※   Takashi Watari[2]   Kiyoshi Shikino[3]
Yosuke Sasaki[4]   Hiromizu Takahashi[5]   Taro Shimizu[6]

Tip 1 : Getting started and remaining motivated
a. Always be ambitious and creative and start doing new things.
b. Stay motivated and be passionate about what you are interested in.
c. Do not be afraid of failure, keep challenging yourself with a positive attitude, and accumulate small successes.

Tip 2 : Establishing relationships with others
a. Build a mentor–mentee relationship based on trust, confidentiality, understanding, and empathy.
b. In addition to establishing a relationship with your mentor, make friends with whom you can discuss trivial matters and share painful but fruitful experiences.
c. Always make the right choice, maintain a clear perspective, and have the leadership skills to encourage and lead the research team to a solution.

Tip 3 : Work management
a. Find meaning in conducting research even when you are busy with clinical work.
b. Clarify short- and long-term goals, and build on the achievement of short-term goals.
c. Be aware of setting priorities among competing responsibilities and ensure dedicated time for research.

Tip 4 : Maintaining the research environment
a. Find out if your institution will support your research and find a field for data collection within or outside your institution.
b. Prepare books and software necessary for data analysis.
c. Apply for grants to obtain research funding. Do not hesitate to apply and continue applying for grants even if you face rejection.

Tip 5 : Submission of papers
a. Understand that academic writing skills can be acquired.
b. Work hard to overcome problems of writing in English.
c. Do not be concerned if your paper is rejected; rather, immediately submit the paper to the next target journal.

Tip 2 : Establishing relationships with others. Beginners should find honest, enthusiastic, respectful, and experienced mentors[3,4]. Mentors guide beginners in determining their research direction. Moreover, beginners should have colleagues, friends, and collaborators who support and encourage each other. Finally, clinical researchers should exercise leadership/followership skills in their research teams.

効果的なメンタリングとは？
うまくいくコツは？

うまくいかない場合の対処法は？
苦労したことは？

研究のチームビルディング

メンティーのモチベーションを
キープする方法は？

メンティーに求めるもの、
良いメンティーとは？

良いメンティーたれ
（メンティーは選ばれる時代）
学習者へ一言

メンティーの選び方は？

メンター&メンティーの
関係性の作り方と離れ方とは？

指導のための時間確保をどうやる？

指導のためのエフォート、優先順位、
時間配分をどう考えるか？

本日の内容

- 📄 イントロ
- 📄 調査結果紹介
- 📄 データ・理論紹介
- 📄 成功事例紹介
- 📄 ディスカッション
- 📄 **まとめ**

まとめ

メンタリングとコーチングを用いて
効果的かつ効率的な研究指導を行う

JUGLER
Japan University General medicine
Leadership and Education Roundtable