Introduction

In this article we report the processes, results and perspectives of our two-year course aiming for collaborative education to produce professionals with a master’s degree who have a wider view of health and welfare. These professionals are able to understand the requirements of patients and are capable of supplying such necessary steps and materials. How we have carried out such education and improved it for better collaboration on campus is the center of this discussion.

Our undergraduate program includes the so-called freshman seminar I and II during spring semester and fall semester respectively, besides the standard basic classes and professional courses, as mentioned in other chapters. Further, a comprehensive seminar, sometime called Integrated Learning Seminar is added to our program as mentioned also in the other chapter. All of these seminars are used to make students familiar with other aspects of health and welfare. Ordinary education taught traditionally looked to develop highly specialized knowledge and techniques but this has been recognized as insufficient for patients and care professionals today. Collaboration and cooperation in our professions are indispensable for performing our desired activity, namely to be a QOL (quality of life) helper.

Since 2006, when our graduate school was founded, a special seminar course for collaborative science in health, welfare and medicine was started. This is a required course operated in an omnibus style. A professor is more like a coordinator or a chair-person in the class room and discussion between students, fresh from undergraduate courses and experienced professionals and speaker(s) is promoted. The professor in charge of the class designs topics and directs the flow of discussion. The speaker may be an on-campus professor, invited specialist in the area from another university or from off-campus, and various team-leaders in the Niigata area. This system has created collaboration between our departments, universities and local organizations, and even between local organizations, promoting a higher level of interaction and collaboration.

The themes chosen for discussion in the first year were the following:
1. “Abuse of infants and persons of higher age (elders)”, lead by Professor Kouzoh Iwasaki.
2. “Current status and problems in critical path.” lead by Dr. Naoto Endo from Department of Medicine, Niigata University.
3. “Interdisciplinary health practice: The care of aged people” : lead by Dr. David Satin from Harvard Medical School, U.S.A.
4. “Collaboration among professionals in health, welfare and medical fields”: lead by Dr. Yoshimaru Usuda, Shinrakuenn Hospital.
5. “Exercise and meals for overweight and diabetes mellitus”: lead by Dr. Norihiro
Kamimura, Kamimura Clinic.
6. “Collaboration among professionals in health, welfare and medical fields in community health” lead by Dr. Humitoshi Yoshimine, Prefectural Tsugawa Hospital.

Each lecture started with a presentation from the leader of the day, who is an expert in cooperative work, followed by group formation depending on the case. Each group consisting 3 to 4 people had to discuss and simulate the case in collaboration, followed by a presentation. It had to include finding the problem and solution in conjunction with collaboration similar to a case meeting in hospitals or a case presentation in health care offices. The participants had to involve themselves in understanding the case as a reality and presenting their opinion about the subject person or matter which was to be a discussion target. Also, how any case of patient and/or client could be treated better through collaborative work rather than a single professional treatment was memorized by students after summarizing comments from the leader. Also, the students realized the actual world of health and welfare related fields is improving with advanced collaboration system.

The topics chosen in the 2005 academic year for discussion are the following:
1. “A proposal aiming for a solution to elders staying in hospital for a long period of time in the Niigata area”, lead by Mr. Yoshiro Kaneko, physical therapist.
4. “Collaboration between residents and health professionals in a community, to present incidents from occurring”, lead by Mr. Hidekazu Tanaka, in charge of health, welfare and medical management.

These classes have been worthwhile in refreshing practitioner students and in learning real collaborative work operated in current society. The leaders who participated in class enjoyed an interaction with graduate students.

The themes were chosen by the same concept as before and those are following:
1. “Abuse”, lead by Professor Kouzou Iwasaki
2. “The conditions and issues of clinical path in inter-regional association”, lead by Dr. Naoto Endoh, professor of the Department of Medicine, Niigata University.
5. “Exercise and meals for overweight and diabetes mellitus”, lead by Dr. Norihiro Kamimura.
6. “Cooperation of health, welfare and medicine in community medical care”, lead by Dr. Professor Kyoichii Sonoda.

The case studies and debate on each subject were carried out between participants in group and between groups.

Topics chosen are following:
1. “Community medicine and home care: Self determination by patient should be supported by the collaboration of professionals”, lead by Ms. Hasegawa.
2. “Support to the young patient with Alzheimer’s disease” lead by Ms. Iriyama, in Health and Nutrition, with a movie.
3. “Examination of support for unnecessary hospitalization in psychiatric ward---support from collaborative professionals toward discharge and afterward”, lead by Ms. Yamaguchi in Policy planning and management in health, welfare and medicine.
Conclusion

Everyone who is engaged in rehabilitation knows the importance of collaboration in the fields of health, welfare and medicine. I, as a practitioner with thirty years experience have understood that collaboration in health, welfare and medicine is typical and a matter of course. However, I, as a professor of health science, recognized that the collaboration system between various fields of medicine and welfare, each of them well established, must be incorporated in the daily care of patients and community health and thus, it should not be ignored. I, also wish that the students who participated in this program enjoy their findings and have hopeful for their future work.

Professor Dr. David Satin, a psychiatrist at Harvard University Medical School for 20 years, has visited our campus and participated in this program and presented a commemorative lecture, stressing the importance of collaboration to our graduate students. Further, such importance will increase in the fields of health, welfare and medicine and a collection of case studies and analysis in and beyond the Niigata area will be needed. As it goes well, we must have total domestic collaboration in academia and in practice.

Reference