return, the mentor should respect the mentee`s own respectfully-presented arguments, as well.

iii. *Responsibility*: Ultimately, the mentee should understand that the clinical research project is theirs, and not the mentors. As such, the ultimate responsibility to bring the project to fruition lies with the mentee. This requires paying attention to time schedules, both short- and long-term, and taking responsibility for driving the relationship forward. If a mentor is very busy, he/she should explain that the mentee should proactively schedule discussion meetings and approach the mentor with questions.

iv. *Preparation*: the mentee should ALWAYS be prepared for meetings and discussions. Items that are agreed upon to have been completed (ex. bivariate data analysis, completion of a section of manuscript, etc.) should be completed and brought to the meeting for discussion. If the mentee is unable to adequately and professionally complete the item, he/she should honestly tell the mentor and the meeting should be postponed. The mentee should prepare an agenda for each meeting and send this to the mentor prior to the meeting, which will allow the mentor to prepare as well. In respect for the mentor`s time and schedule, the mentee is expected to always show up to scheduled meetings and inform the mentor as early as possible for scheduling changes.

v. *Respect for mentor`s competing demands:* Mentors will occasionally have to miss scheduled meetings in order to accommodate their own busy demands. Though it is the responsibility of the mentor to minimize this, it is sometimes unavioidable. If a mentor is very busy with other duties, this should be explained clearly to mentees at the beginning of the relationship in order to prevent bad feelings or misunderstandings.

4. Mentoring Contracts:

Over the last several years, the mentoring process at some high-power research institutions in Europe and the United States has become increasingly formalized. This formalization helps to ensure good mentee behaviors by standardizing expectations for mentees, while also standardizing guidance given from mentors. Mentor contracts (also called "Partnership Agreements") have gained popularity among some programs as way to ensure that mentors and mentees are "on the same page" regarding the items outlined above. They also ensure that both mentors and mentees are complying with the expectations layed out by the department or institution. These types of contracts should be tailored to the needs of specific institutions, mentees, and mentors. The sample shown below allows for multiple mentors (team-based mentoring) to be included in the contract.

CRSP Team Mentoring Expectations

A critical element of the CRSP is the use of team mentoring. For this program, team mentoring means more than having multiple mentors working with the mentee; it means having mentors working together as a team to contribute to the mentee's career development. The concept was developed through the NIH Roadmap initiative which found that "the scale and complexity of today's biomedical research problems increasingly demands that scientists move beyond the confines of their own discipline and explore new organizational models for team science." Today's research requires bringing together the perspectives of multiple disciplines to examine a research question right from the beginning. This multidisciplinary approach allows us to develop and conduct research projects that are new and innovative and that would not be possible using a traditional single discipline or multiple disciplines working individually with a mentee approach. It is the synergy created when investigators from multiple disciplines come together that will result in the development of new scientific approaches. This team mentoring model provides benefits for the mentee as he/she learns multidisciplinary methods of discovery and the mentors as they have the opportunity to bring fresh perspectives to the research question they are examining. The CRSP is promoting the development of this team science through the conduct of multidisciplinary research and the use of team mentoring for mentees.

Team Mentoring Goals

1. To enhance the supportive academic environment for the conduct of team science for the mentee.
2. Working as a team and providing multiple perspectives, to facilitate the entry of mentee into the University culture, including the structures, processes, and interpersonal climate of the University.
3. To facilitate the development of appropriate clinical research skills and team science approaches related to the balance and evaluation of research, scholarship, and service.
4. To provide opportunities for developing and working on mentored and independent multidisciplinary research projects with a multidisciplinary clinical research team.
5. To enhance decision-making and other skills involved in working with a team related to the mentee's career development and advancement.

Expectations of Mentors

1. The mentoring team must conduct regular and frequent team meetings with the mentee. There should be a minimum of one hourly meeting of the primary mentors and the mentee per week, and at least one hourly meeting per month of the entire mentoring team and the mentee. Consultants contributing to specific research issues should meet with the team when these issues are being discussed or decisions regarding these issues are being made.
2. The mentoring team must participate in the one-day team mentoring training retreat to obtain or enhance skills in team mentoring.
3. The mentoring team will develop, with the mentee, clearly delineated specific expectations of the substantive learning/skills to be achieved through the use of team mentoring in the program.
4. The mentoring team will develop, with the mentee, clearly delineated specific milestones and timelines for achieving program goals.
5. The mentoring team will attend MAC meetings and seminars in which the mentee is presenting.
6. The mentoring team will participate in biannual evaluations and assessments of the team mentoring relationships. The MAC reserves the right to change the mentoring team should difficulties continue for a sustained period of time.

7. The content of all exchanges between the team mentors and the mentee are subject to the expectations of professional confidentiality. Although this confidentiality is legally limited, the contents should not be discussed with anyone else without written permission from the mentee.

Expectations of Mentees

1. The mentee must conduct regular and frequent team meetings with the mentoring team. There should be a minimum of one hourly meeting with the primary mentors per week and at least one hourly meeting per month with the entire mentoring team. Consultants contributing to specific research issues should meet with the team when these issues are being discussed or decisions regarding these issues are being made.
2. The mentee must participate in the one-day team mentoring training retreat to obtain skills in working in a team science environment.
3. The mentee will develop, with the mentoring team, clearly delineated specific expectations of the substantive learning/skills to be achieved through team mentoring in the program.
4. The mentee will develop, with the mentoring team, clearly delineated specific milestones and timelines for achieving program goals.
5. The mentee will share career plans, recount initiatives on behalf of his/her professional development; ask for advice; reflect on the mentoring team's' observations and inform the mentoring team about the results of the mentee's efforts.
6. The mentee must present the mentee's work to the MAC and at seminars with the mentoring team in attendance.
7. The mentee will participate in biannual evaluations and assessments of the mentoring team relationships. The MAC reserves the right to change the mentoring team should difficulties continue for a sustained period of time.
8. The mentee will keep the content of the team mentoring relationship confidential; the mentoring team may share personal information that they wish to be honored as confidential.

We, acting as team mentors and mentee, agree to enter into a team mentoring relationship based on the criteria described above, which sets forth the expectations, parameters, and process for the mentoring relationship.

_____ (mentor's signature) date____/____/____

_____ (mentor's signature) date____/____/____

_____ (mentee's signature) date____/____/____

_____ (CRSP director's signature) date____/____/____

Additional mentors as applicable

_____ (mentor's signature) date____/____/____

_____ (mentor's signature) date____/____/____

_____ (mentor's signature) date____/____/____

2

From https://www.icre.pitt.edu/mentoring/contracts.html, accessed December 14, 2015.

5. Individual Development Plan

Another strategy for alignment that has become very popular over the last several years is the Individual Development Plan (IDP). Reflecting this popularity, as of October 2014, an IDP is now required for all graduate students and post-doctoral researchers participating in National Institute of Health (NIH) grants. IDPs are considered effective tools for facilitating communication between mentors and mentees regarding the research planning process, as well as individual mentees` growth and development into successful research scientists.

While formats may vary by institution from narratives to questionnaires/checklist-templates, the purpose of the IDP is to identify a mentee`s (1) short-term research goals, (2) long-term career goals, and (3) strengths and weaknesses in concrete research skills.Both online, as well as paper-based versions are used. The IDP is first created through introspection by the mentee, and then further refined through discussion with the mentor. Once an IDP is in place for a mentee, it is periodically reviewedand revised in a longitudinal manner, typically every 6 to 12 months, in order to continuously reflect the mentee`s goals under the mentor`s guidance.

The IDP presented below is adapted from various sources including the University of California at San Francisco and the University of Wisconsin. Mentors will find other IDP templates easily discovered on the internet by browser search on "IDP template" or similar.

Section 5. Cultivation

Cultivation refers to the skills needed for a mentor to maintain and develop a productive mentoring relationship with a trainee during the project. All of the skills discussed above of course play a role in maintaining a fruitful relationship. This section, however, will focus on some of the concrete skills needed for a mentor to help foster independence in a mentee. What do we mean by fostering independence? It is perhaps best to image which skills the mentee will need (1) for successful completion of a publishable clinical research project, and (2) in their future, when they become a mentor to another generation of eager young learners. Thinking back on your own early career, what skills do you wish you had learned early on, that would have helped you to produce more independent clinical research and of higher quality? The options are many and may include specific research skills in epidemiology and biostatistics, data analysis, presentation, and manuscript writing. They may also include how to access large publically-available datasets. Other useful skills might include manuscript-writing and public speaking, as well as networking skills to find future collaborations.

1. Teaching Research Skills

Ideally, clinical research mentors should be familiar with the fundamentals of clinical epidemiology including:

(1) how to formulate and refine a research question

(2) how to choose an appropriate study design (ex. retrospective vs. prospective, cohort vs. case-control), as well guiding the mentee in the relative strengths and weaknesses of these approaches

(3) how to help the mentee select an appropriate patient population, including thinking about relevant inclusion and exclusion criteria, and designate an appropriate sample size

(4) how to write an appropriate IRB protocol, taking into account patient privacy and public health ethics

Once the project has been implemented, the clinical research mentor should be familiar with basic analytics steps, and prepared to guide the mentee in the following:

(1) how to best extract and organize obtained data into a functional and secure dataset

(2) how to conceptually think about the appropriate analysis including univariate, bivariate, and advanced analytic strategies. Where the mentor`s own experience is insufficient, he should be prepared to help the mentee gain access to those with the right expertise to see the analysis completed correctly.

Finally, when all results have been finalized, the mentor should be prepared to stay involved as:

(1) a sounding board for discussion, helping the mentee to formulate a mature, coherent, and articulate Discussion that peer-reviewed journals would be interested in publishing,

(2) a writing coach that can, through the use of outlines and drafts, help the mentee produce a finished manuscript that is appropriate for publication

(3) a editor of all work, to ensure that abstracts, posters, and manuscripts meet a high standard of professional quality.

As noted above, a previous Cochrane review noted that less than half of research abstracts went on to manuscript publication, reflecting a potentially massive loss of data, and wasted hard work. To combat this inertia, mentors should remain enthusiastic cheerleaders, reminding and coaxing their mentees to see their projects to fruition.

As Japan`s mentor pool for clinical research is currently limited, it is not reasonable to assume that all mentors will feel comfortable teaching the breadth of skills outlined above. Mentors should actively seek out training opportunities for both themselves and their mentees. Opportunities for skill-building are available through a variety of venues in Japan:

a. International Masters of Public Health (MPH) degree: an MPH degree is likely the most comprehensive and complete way to gain all or most of the skills outlined above, in a limited period of time. The United States and European universities offer a large menu of Coucil for Education in Public Health (CEPH)-certified degree programs that welcome students from Japan. Several universities (Johns Hopkins, University of Liverpool and many more) offer online degree options that are convenient, though perhaps somewhat expensive, for international residents.

b. Domestic MPH programs: Japan currently has 4 MPH degree-granting, university-based programs in both East and West Japan. In 2017, a fourth program at St. Luke`s International University will offer both classroom and mixed class/online tracks to meet the needs of a variety of working students. While more convenient than international programs, these programs are as of yet not CEPH-certified and may vary in quality. The majority of domestic programs offer limited exposure to international collaboration and expertise, with the St. Luke`s program being an exception.

c. Epidemiology and biostatics seminars and workshops: Several workshops focused on giving learners a hands-on experience in epidemiology and data analysis are available throughout the country, organized by universities, hospital organizations, and private enterprise. These 1- to 2-day courses are an excellent and cost-effective way to learn new skills or refresh old ones.

d. Writing and presentation classes: Several English schools offer classes focused on presentation skills for those interested in international conferences. Similarly, writing courses are offered through both private language schools, as well as university course offerings.

Summary

We hope that readers of this guidebook will find the topics outlined compelling and useful as they begin (or continue!) to mentor the next generation of clinical researchers in Japan. Mentoring is a human art, applied to clinical science. At the end of the day, much of the mentoring literature emphasizes and re-emphasizes the same basic set of guiding principles: that mentors should establish clear and open lines of communication with their mentees; that mentors should have a plan for effective mentoring, and stick to it; that mentors should strive to be caring and compassionate, taking an active role in the research lives of their trainees—as teachers, as guides, as parental surrogates, and as professional colleagues. These are not only research values, but human values as well. While much of the literature on mentoring derives from the US, we see these human values everywhere in the world where teachers and students interact, and very often in Japan. The task for Japan`s growing clinical research environment moving forward will be to optimize and formalize these processes wherever possible, in order to maximize their value on productivity in clinical research.

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Summary of mentoring activities at UCSF

Gautum A. Deshpande, MD

Introduction

From March 11 through March 12, 2014, Dr. Kunihiko Matsui (Yamaguchi University) and I visited the University of California – San Francisco (UCSF) in order to further explore their resources for supporting research mentorship. We attended multiple mentoring events, hosted by the Dean of Faculty Mentoring, Professor Mitchell Feldman, MD. Dr. Feldman arranged for us to be present at three separate and unique mentoring-related events held at various campuses of the UCSF system:

(1) Mentor Developing Course (MDP): Session 3
    a. Tuesday March 11, 2014, 08:30 – 12:00p
(2) Work In Progress (WIP) Research Meeting
    a. Wednesday March 12, 2014, 08:30 – 10:30a
(3) Meet the Mentor Lunch Session
    a. Wednesday March 12, 2014, 12:00p – 1:00p

This brief will describe the three observed activities, as well as their role in mentoring support, and their applicability to the Japanese research environment.

I. Mentoring Development Course: Session 3

Started several years ago, UCSF has hosted a University-wide course to help young, mid-ranked faculty become better mentors for fellows and junior faculty. This program is structured as a monthly, 4-hour interactive discussion session. The program is led by Dr. Mitchell Feldman (General Internal Medicine) and Dr. Patricia Brown (OB-GYN), both senior mentors with many years of mentoring experience. The program consists of 5 sessions, encompassing 10 theme-based lectures. A course description can be found at *http://accelerate.ucsf.edu/training/mdp-seminars*. A variety of guest faculty—academic physicians, University leaders, co-medical academic staff, non-clinician leaders, administrators, and experts in a variety of fields related to the core elements of mentorship are invited to lecture to participants. Participants numbered thirteen—all were at least Associate Professors who were (1) beginning to provide mentorship to Assistant Professor level staff, and (2) expected to continue being productive members of the academic community with their own research as well. Of the 13, 3 were senior researchers at the Department of Research at Kaiser Hospital San Francisco; these individuals, while not part of a formal academic environment, were also beginning to build, lead, and provide mentorship for their own research teams. The MDP course is designed to help facilitate the growth of all new mentors as they progress through their careers at UCSF or beyond.

We attended Session 3, the themes of which were "Effective Communication", and "Economic and Fiscal Realities Of Research Careers at UCSF." Dr. Mitch Feldman began the first session by discussing the importance of good mentor-mentee communication on the success of the research relationship. He discussed examples of good communication, as well as examples of failed communication. Participants were

asked to role-play a scenario in which a mentor and mentee were mutually frustrated in a poor research relationship; participants were asked to tease out where the failures of communication lay and how these might be improved. Central to the theme of the morning session was the need for both mentor and mentee to set clear expectation of the relationship, either through written agreements ("contracts") or explicit discussions. Expectations should be set in regards to time commitment from both parties, role of the mentor (research advisor, career counselor, lead mentor, or other role), as well as regular deadlines and timelines along which mentees should demonstrate research progress. Dr. Feldman again referred to the importance of the Individual Development Plan (IDP) document as a guiding infrastructure for the ongoing mentor-mentee relationship.

As part of the Communication lecture, Dr. Feldman invited Dr. Andrew Parker, PhD to speak about the role of emotional intelligence (EI) in enhancing good communication with mentees. In this section, Dr. Parker emphasized the role of understanding and regulating one`s own emotions (anger, frustration, etc.), in order to understand mentees' emotions. When this occurs, mentors can give better advice, support, and assistance to their mentees. This portion of the session dealt more with the *support role* of mentors, while Dr. Feldman's session tackle the more practical, *task-oriented role* of mentorship. While both are important, in Japan, the need for enhancing mentorship continues to be centered around the task-oriented functions of mentors in providing longitudinal teaching and research guidance during ongoing research projects. Dr. Feldman's lecture was especially helpful in discussing the practical tools available for setting clear contracts with mentees, in order for them to successfully reach their research goals, while also making the relationship smooth and efficient for busy mentors. The adoption of more formal, contract-based strategies may facilitate communication and more productive relationships in Japan.

The second lecture of the MDP Session 3 was aimed at showing the UCSF faculty the numerous resources that were available to them as leaders of research teams and mentors. Four researchers and/or administrators from different departments were asked to give brief lectures on how UCSF structures its administration to support research. Dr. Philip Norris spoke about how to maximize success in getting an National Institutes of Health (NIH) R01 grant as a new Principal Investiagtor (PI) in a time of increasing budget constraints, stressing the need for collaboration, tight research focus, and an established track record of excellence. Ms. Marlene Berro discussed the function and structure of UCSF`s Clinical and Translational Sciences Institute (CTSI). Specifically, the role of the NIH-funded CTSI is to help researchers find inter-disciplinary collaborations, gain added statistical and research knowledge through training courses, and enhance the quality and scope of research at their institution. Much of this is accomplished through a centralized, online CTSI portal (home page) through which researchers can contact other researchers, take training courses, and access research tools and templates. Finally, an administrator from Human Resources spoke about how PIs can best manage non-clinical research staff within the context of UCSF`s rules and regulations. This was an interesting session in demonstrating (1) the vast administrative complexity of high-level research at a very prestigious and productive research institution and (2) the deep administrative and resource infrastructure that UCSF offers to support its clinical investigators. In terms of applicability to Japan, it might be easy, at first blush, to say that the NIH context is not relevant to the relatively resource-poor clinical research

environment in Japan. However, there are small pieces from UCSF's infrastructure, for example the CTSI online portal, that may be borrowed and adapted to the Japanese situation. For example, an online database from which researchers can find other researcher with whom to collaborate is an important first-step to promote Japanese clinical research.

II. Work In Progress (WIP) Research Meeting

On Wednesday, March 12, 2014, we attended the UCSF Research Fellows weekly breakfast meeting. This research meeting occurs every Wednesday morning, and is required for all research fellows. The UCSF research fellows are 9 physician-scientists (comparable to approximately PGY 6-8 level in Japan) from a variety of disciplines (GIM, FP, Surgery) who anticipate careers in which the focus of their time (~80%) will be spent in clinical research. WIP meetings offer a formal opportunity to present their ongoing research projects to their peers and mentors, gaining valuable commentary, advice, and suggestions on future directions. In addition to fellows, WIP meetings are attended by several senior clinical researchers, who act as mentors—either formally (*lead mentor*) or informally (*co-mentor*)—to the research fellows. Among the senior scientists in attendance (total 7) were many accomplished clinical researchers, including Steve Schroeder and Andy Brinkman. Despite their busy schedules, mentors and senior researchers regularly attend WIP meetings in order to provide commentary and guidance on fellows` projects. It is important to note that the vast majority of their involvement is voluntary and uncompensated. Each WIP meeting focuses on 2 fellows, each of whom takes 1 hour of time for their session. At the beginning of the session, the fellow will discuss their career direction and mentors will discuss career options. This portion of the WIP meeting demonstrates the mentors` role as *career mentors.* After this opening part, the fellow will begin to discuss one of their projects, getting comments, questions, and feedback from first the fellows, and then the senior mentors, demonstrating more traditional *research mentoring* roles. Comments by fellows (*peer mentoring*) is required, as the fellowship program also seeks to prepare fellows for their future careers/roles as mentors. Overall, the environment is casual and friendly—they have created a "safe" and non-threatening environment in which young researchers can grow.

This type of WIP meeting has direct applicability to Japan. In the informal world of clinical research in Japan, it is easy for projects to languish due to busy work schedules, lack of guidance and direction, absence of protected time, and *laissez-faire* attitudes by purported mentors. While the WIP meeting does not focus on analytic methods (comments dealt primarily with study design/epidemiology, clinical applicability and scientific contribution, and appropriate presentation of data), the meeting can play an important role in Japan in bringing order and structure to ongoing projects—not only to those of fellows, but also to junior faculty. The meeting can also enhance cross-disciplinary interactions by bringing together researchers with different clinical backgrounds.

III. Meet the Mentor Lunch

On Wednesday, March 12, 2014, we attended an informal meeting between Dr. Deborah Grady, a senior clinical scientist and long-time faculty mentor at UCSF, and several junior faculty members. Dr. Mitch Feldman facilitated this 1-hour discussion. In this session, junior faculty—mostly Assistant Professors—had a chance to ask Dr. Grady about her experiences as a mentor. Several of the junior faculty had questions about how best to choose mentees and how to promote successful partnerships with their mentees. As in Session 1 of the MDP, much of the discussion focused on how mentors can best screen between "good" mentees and "bad" mentees; interestingly, Dr. Grady requires a brief writing sample of her new mentees; she says that this is an important screening test to gauge a mentee's future success in receiving grants and publishing manuscripts. This topic was much discussed in the MDP course as well, and underscores the need—even in the United States—for adequate English-language writing resources.

Several questions focused on how junior faculty can balance their own research pursuits with the busy schedule required when mentoring others. Interestingly, this discussion was advertised as also being a time to discuss gender and mentorship, specifically the issues pertinent to women in mentorship. As such, all of the UCSF participants were women (Dr. Feldman was the only UCSF man present.) However, in the limited time available, none of the participant questions focused on gender. This may indicate that there is more interest in the larger questions and challenges that all people face as mentors, and may be due to more opportunities for women in clinical research and mentoring in the United States. I anticipate that this will be an area of more interest among junior female faculty in Japan.

Conclusions

Overall, this was a busy and productive trip to observe numerous examples of mentoring "in action" at UCSF. Compared to other institutions, UCSF in particular has made a commitment to developing excellence in mentorship as a way to grow, foster, and maintain productivity in research. While some other high-powered academic centers may have similar mentoring resources, UCSF alone appears to have formalized this approach via a variety of forums in which mentorship can be discussed and take place. As noted above, there are several tools and activities which can be adopted into the Japanese context in order to further promote clinical and academic research in this country. The activities may include one or all of the following:

(I) Mentor development activities including seminars and workshops throughout the country. Using the MDP as an informal template, we plan to hold a weekend mentor development workshop at St. Luke`s International University in the Fall of 2014, in collaboration with Dr. Mitchell Feldman.

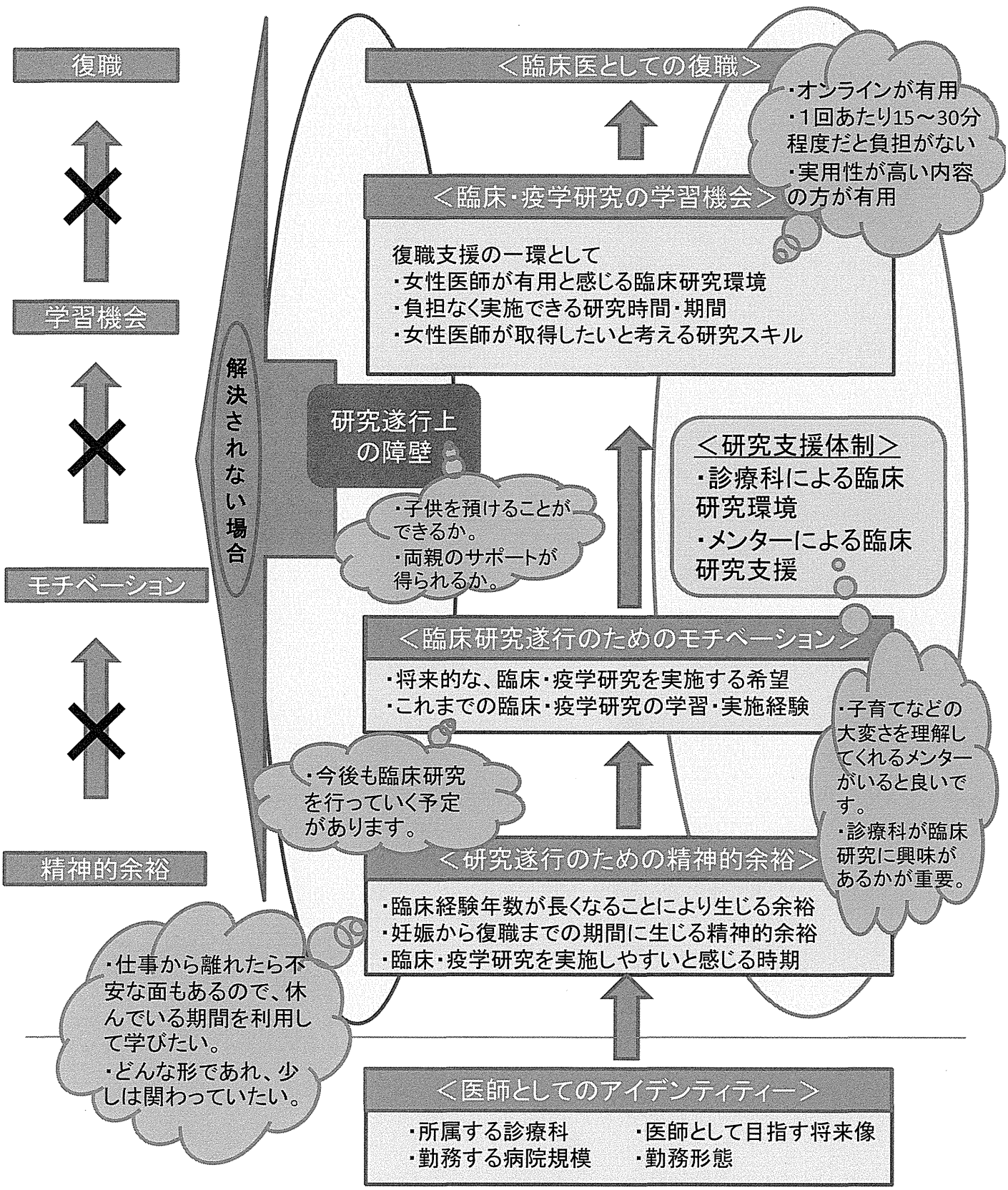
(II) Formalized training (fellowship) programs for junior faculty, providing an organized, longitudinal structure in which fellows can progress in both career and research. Given the current circumstances in Japan (i.e., limited qualified supervising faculty), a distance-learning model may be appropriate to achieve this.

(III) A Web-based, centralized portal, similar to CTSI, that promotes inter-disciplinary research and research collaborations. An important first step towards this is the creation of a mentor database in which young researchers can find more experienced researchers in their respective field with whom to collaborate.

(IV) Further access and opportunities to women researchers, using accomplished women researchers as mentors and guides.

(V) Enhanced English-language writing resources, in order to make clinical research from Japan successful in publishing on the international stage.

女性医師復職支援における臨床・疫学研究の有用性



平成25年度厚生労働科学研究費補助金「臨床研究マインドを持つ臨床医に対する疫学教育プログラムの開発と基盤整備」
女性医師復職・就労継続支援と臨床・疫学研究に関する質的研究

平成25年度厚生労働省科学研究費補助金事業

Symposium

～女性医師復職・継続就労支援と臨床疫学研究～

開催のご案内

2013/12/23

妊娠・出産等によって一時的に臨床現場を離れる女性医師にとって、臨床研究や疫学研究は復職や継続して就労を行う上で有用な方法の一つです。本シンポジウムでは、どのような臨床研究や疫学研究体制があれば女性医師の復職・就労支援に有用か、実際に産休・育休に疫学研究を行った女性医師のお話、及び女性医師に対して復職支援プログラムを提供している医療機関のお話双方から考えます。

概要

開催日：平成25（2013）年12月23日（月）13：30～19：00
会　場：聖路加看護大学3階301号教室
定　員：80名
　※定員になり次第締め切らせて頂きます
対　象：臨床研究や疫学研究にご興味がある若手医師、医療機関における女性医師の就労継続・復職支援にご興味がある方
参加費：無料
　※本シンポジウムは平成25年度厚生労働省科学研究補助金によって運営しています

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◆地下鉄◆
東京メトロ日比谷線　築地駅
3・4番出口　徒歩3分
東京メトロ有楽町線　新富町駅
6番出口　徒歩3分

お知らせ

●平成25年度厚生科研費補助金「研究マインドを持つ臨床医に対する疫学教育プログラムの開発と基盤整備」の一環として実施しています。

●会議終了後には懇親会（無料）もご用意しています。こちらも是非ご参加ください。

お申し込み

●聖ルカ・ライフサイエンス研究所ホームページ（https://sllsi.or.jp）からお申し込み下さい。（担当：事務局市川）

New!

●託児室（無料）をご利用頂けます。ご希望の方は、ホームページからお申し込み下さい。

PROGRAM

第1部

13：30 - 13：35	開会の挨拶	「臨床研究マインドを持つ臨床医に対する疫学研究教育の有用性」 福井　次矢（「研究ﾏｲﾝﾄﾞを持つ臨床医に対する疫学教育ﾌﾟﾛｸﾞﾗﾑの開発と基盤整備」　研究分担者） （聖ﾙｶ･ﾗｲﾌｻｲｴﾝｽ研究所専務理事）
13：35 - 13：50	研究の目的	「『研究ﾏｲﾝﾄﾞを持つ臨床医に対する疫学教育ﾌﾟﾛｸﾞﾗﾑの開発と基盤整備に関する研究』概要と報告」 高橋　理（同研究代表者，聖ﾙｶ･ﾗｲﾌｻｲｴﾝｽ研究所臨床疫学ｾﾝﾀｰｾﾝﾀｰ長）
13：50 - 14：05	調査報告	「女性医師復職・継続就労支援に関する質的研究報告」 坂元　晴香（同研究班　研究分担者 （聖ﾙｶ･ﾗｲﾌｻｲｴﾝｽ研究所臨床疫学ｾﾝﾀｰ研究員）
14：05 - 15：05	ｼﾝﾎﾟｼﾞｳﾑ1	「産休・育休中の臨床研究の有用性～ロールモデルの立場から～」 吉田　穂波（国立保健医療科学院生涯健康研究部主任研究官） 山内　英子（聖路加国際病院乳腺外科部長・ﾌﾞﾚｽﾄｾﾝﾀｰｾﾝﾀｰ長）

第2部

15：25 - 16：30	ｼﾝﾎﾟｼﾞｳﾑ2	「望ましい臨床研究体制について～女性医師支援の立場から～」 野村　　恭子（帝京大学女性医師・研究者支援ｾﾝﾀｰ室長） 小島原　典子（東京女子医科大学医学部衛生学公衆衛生学第二講座准教授） 大出　幸子（聖ﾙｶ･ﾗｲﾌｻｲｴﾝｽ研究所臨床疫学ｾﾝﾀｰ上級研究員）
16：30 - 16：45	ﾚｸﾁｬｰ	厚生労働省の取り組み～女性の健康支援、女性医師支援～ 佐藤　智代（厚生労働省健康局がん対策・健康増進課）

第3部

ミニレクチャーA・Bは301号教室にて開講
ミニレクチャーC・Dは302号教室にて開講

17：00 - 17：25	ﾐﾆﾚｸﾁｬｰA	**Introduction to basic epidemiology**　※レクチャーは英語 浦山　ケビン（聖ﾙｶ･ﾗｲﾌｻｲｴﾝｽ研究所臨床疫学ｾﾝﾀｰ上級研究員）
	ﾐﾆﾚｸﾁｬｰC	支援体制構築の方法と課題 野村　恭子（帝京大学女性医師・研究者支援ｾﾝﾀｰ室長）
17：25 - 17：50	ﾐﾆﾚｸﾁｬｰB	**The ABC's of publication in English**　※レクチャーは英語 G・デシュパンデ（聖ﾙｶ･ﾗｲﾌｻｲｴﾝｽ研究所臨床疫学ｾﾝﾀｰ上級研究員）
	ﾐﾆﾚｸﾁｬｰD	支援体制構築の方法と課題 外園　千恵（京都府立医科大学眼科学教室 講師）
18：00 - 19：00	懇親会（無料）	

※プログラムは変更する場合がございます。予めご了承ください。

お問い合わせ

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〒104-0044　東京都中央区明石町10-1
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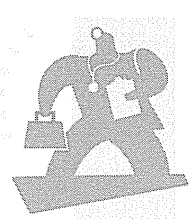
女性医師復職・継続就労支援と臨床疫学研究

研究マインドを持つ臨床医に対する疫学教育プログラムの開発と基礎整備：概要と報告

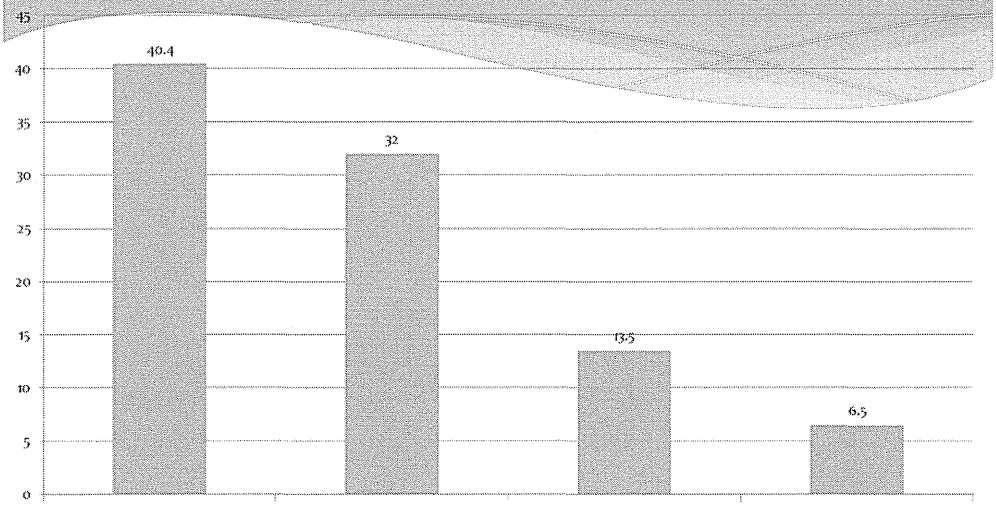
聖ルカ・ライフサイエンス研究所
臨床疫学センター
高橋　理

背景

* 質の高い医療提供にはEBMが必要不可欠
* 臨床研究による質の高いエビデンスが基盤
* 様々な臨床医の関与が重要



学術活動を阻害するもの



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2013/12/23

Takahashi O and Fukui T et al. J Gen Intern Med. 2009; 24: 716-20.

米国医師の生物統計の理解

* 95%内科医がEBMに統計の知識が必要
* 研修医の77%が論文の統計の部分に自信がない
* ベテランの医師ほど自信がさらに低くなる

JAMA 2007;p1010-1022

2013/12/23

EBM時代の2種類の臨床医

研究者：
Provide

診療医：
Users

2013/12/23

臨床医学研究者

絶滅危惧種!!

2013/12/23

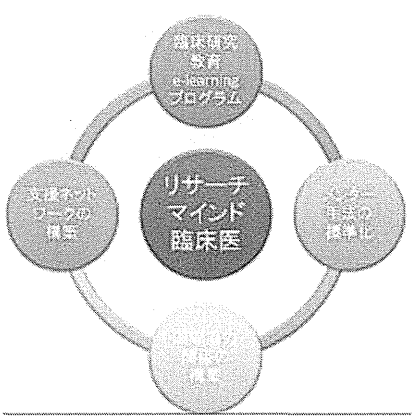
どのような戦略があるか

* 研究マインド医師の育成：新たな医師像
* 個人間・病院間・国際間のネットワークづくり
* 臨床研究支援センター・公衆衛生大学院などの設置

2013/12/23

H25年度厚労科研研究班

研究マインドを持つ臨床医に対する疫学教育
プログラムの開発と基礎整備 （高橋班）



2013/12/23