NEWS FROM JACHN

Topics 1

Upcoming Revision to the Regulation on the Designation PHN, Midwife and Nurse Training Institutions

Committee for Promoting International Exchange Activities

Since the Act on Public Health Nurses, Midwives and Nurses was revised on 9 July 2009, extending the minimum period required for PHN training/education from six to twelve months, the Ministry of Health, Labour and Welfare has been considering necessary revisions to the Regulation on the Designation of PHN, Midwife and Nurse Training Institutions in its Commission on the Content and Methodology of Nursing Education. The Commission, at a meeting held on 4 October 2010, agreed to increase the number of credits required for the PHN training/educational curriculum from 23 to 28. The most significant impact of this modification is the shift of the core subject group from "community health nursing" to "public health nursing," with the latter comprising 16 credits (up from 12 currently) for theory and five credits (up from four currently) for practice (see Table 1).

In the remarks column, the term "including school health and occupational health" will be deleted, since public health nursing (as defined by the MHLW) now includes "school health" and "occupational health" as well as "administrative health." Instead, the term "including health crisis management" will be added to the remarks column, in view of the necessity of developing practical proficiency in response to the emerging health needs today such as health crisis management. The term "including continuous health visits" in the remarks column for clinical training will be replaced with "including continuous health guidance," on the grounds that the inclusion of the word "organization" in the subject name renders the word "visit" irrelevant. This change naturally elicited objections.

Most of the PHN teachers believed and requested, to no avail, as a minimum requirement for addressing national health needs, that the number of credits should be set at 30 or over, six of which should be allocated to practice, based on the following arguments: (1) any PHN training/educational institution running a 12-month curriculum actually provides 34 credits for the curriculum; (2) the Working Group on PHN Training/Education of the Commission on the Enhancement of Basic Nursing Education reported in 2007 that 40 credits should be required for PHN training/education, including 8 credits for practice; and (3) public health nurses will be required to perform increasingly sophisticated tasks in the future. Looking ahead, it is essential that all teachers and practitioners continue to gather and discuss how best to achieve "the level of practical proficiency required of public health nurses (see Table 2)", within the minimum framework of 28 credits.

Table1. The Regulation on the Designation PHN, Midwife and Nurse Training Institutions

2007

Subjects	Credits
Community health nursing	12
Introduction to community health nursing	2
Living support for individual/family/group	
Development of community health nursing activities	10
Management of community health nursing	

Remarks: Including school health and occupational health

Subjects	Credits
Epidemiology	2
Health statistics	2
Health, welfare and public administration	3
Clinical training	4
Community health nursing practice	4
Practice for living support for individual/family/group	2
Practice for development of community health nursing activities	2
Practice for management of community health nursing	

Remarks: Including the practice of public health center and municipality
Including continuous health visits

Total credits 23

2012

Subjects	Credits
Public health nursing	16
Introduction to public health nursing	2
Support for individual/family/group/organization	
Development of public health nursing activities	14
Management of public health nursing	

Remarks: Including health crisis management

Subjects	Credits
Epidemiology	2
Health statistics	2
Health, medical, welfare and public administration	3
Clinical training	5
Public health nursing practice	5
Practice for support for individual/family/group/organization	2
Practice for development of public health nursing activities	3
Practice for management of public health nursing	

Remarks: Including the practice of public health center and municipality
Including continuous health guidance

Total credits 28

Table2. Practical proficiency required of public health nurses and attained level/objectives demanded at graduation

"Individual/family:" attained level at graduation in providing care for individuals or families

"Group/community:" attained level at graduation in providing care for groups (members of residents' associations, elderly groups needing nursing care, administrative groups, primary school classes, etc.) and for communities (municipal governments, workplaces, schools, etc.)

■**Attained level at graduation**
I: Implementation with limited advice
II: Implementation with guidance (under supervision of guidance PHN or instructor)
III. Implementation in intramural practice sessions (simulated planning and implementation using case examples, etc.)
IV: Understanding as theoretical knowledge

Practical proficiency required of PHNs	Objectives demanded at graduation				Attained level	
	Major level	Medium level		Detailed level	Individual/family	Group/community
I. Proficiency to identify community health needs and prepare plans	1. Identify community health needs and prepare plans	A. Assess livelihood and health of community people continuously from various perspectives	1	Collect and assess objective/subjective information from physical, mental and socio-cultural aspects	I	I
			2	Collect information, and make assessments of social resources	I	I
			3	Collect information on, and assess natural and living environment (climate, pollution, etc.)	I	I
			4	Make assessments on community people and groups to which they belong, both individually and collectively	I	I
			5	Consider the perspective of those with health needs in making assessments	I	I
			6	Collect systematic and chronological information for continued assessment	I	I
			7	Assess information thus collected to identify community characteristics	I	I
		B. Identify existing and latent	8	Define existing health needs	I	I
			9	Identify people with health needs who have not recognized, have not expressed, or have not been able to express them	I	II

			No.			
		community health needs	10	Identify latent health needs and predict possible health needs	I	II
			11	Identify the capacity of community people (capacity to recognize and solve/improve health needs problem and to promote health)	I	I
		C. Plan support for addressing community health needs	12	Prioritize health needs	I	I
			13	Set purposes and objectives for solving/improving health needs	I	I
			14	Select appropriate methods to provide support for community people	I	I
			15	Clarify procedure for attaining objectives targets and prepare action plan	I	I
			16	Set valid evaluation indexes, method and timing	I	I
II. Proficiency to provide continued support for individuals, families, groups and organizations and implement collaborative/systematic activities and their evaluation to build community's health promotion capacity	2. Solve/improve health needs in collaboration with community people to build their health promotion capacity	D. Implement activities	17	Protect lives, health, human dignity and rights of community people	I	I
			18	Conduct activities geared to local life style and culture	I	I
			19	Collect and manage personal information properly to ensure protection of privacy	I	I
			20	Provide empowerment to draw out the potential of community people	I	II
			21	Provide support to facilitate decision-making by community people	II	II
			22	Provide support through home visits and consultations	I	II
			23	Provide support through health education	I	II
			24	Provide support to develop community organizations/self help and support groups, etc.	/	III
			25	Provide information on available social resources, potential partner organizations and human resources	I	I
			26	Mobilize social resources in accordance with support purposes	II	II
			27	Organize teams comprised of stakeholders and relevant professionals/organizations	II	II
			28	Combine as appropriate individual/family support, systematic approach, etc.	II	II
			29	Conduct activities in compliance with laws, regulations and policies	I	I
			30	Record progress in activities against purposes	I	I
		E. Work with community people/stakeholders/organizations	31	Build relationships of trust through communication to ensure collaboration	I	II
			32	Share necessary information and purposes of activities	I	II
			33	Work together based on recognition of each other's role	II	II
		F. Evaluate and follow up on activities	34	Evaluate public health nursing activities	I	I
			35	Incorporate evaluation result into next activities	I	I
			36	Identify subjects requiring continuous supports	I	I
			37	Conduct sustained activities for necessary targets	II	II
III. Proficiency to manage community health crises	3. Ensure management of community health crises	G. Develop systems for health crises management and take precautionary measures	38	Take precautionary measures against health crises (infectious diseases, abuse, DV, suicide, disaster, etc.)	II	III
			39	Make proposals on development/improvement of living environment	III	III
			40	Develop systems for management of area-wide health crises (disaster, infectious diseases, etc.)	III	III
			41	Provide education on prevention of health crises	II	II
		H. Respond to any health crises	42	Respond promptly to health crises (infectious diseases, abuse, DV, suicide, disaster, etc.)	III	III
			43	Develop systems to ensure timely collection of health crises information	IV	IV
			44	Ensure communication and coordination with relevant stakeholders/organizations to clarify their respective roles	III	III
			45	Utilize healthcare provision systems efficiently	IV	IV
			46	Identify causes of health crises and take measures for their elimination/control	IV	IV
			47	Prevent the spread of health damage	IV	IV

		I. Respond to post-health crisis situation	48	Provide support for restoration of health (response to PTSD, rebuilding of living environment, etc.)	IV	IV
			49	Evaluate and rebuild systems for response to, and management of health crises	IV	IV
IV. Proficiency to ensure social resource development, systematization and policy-making to upgrade community health	4. Promote equitable use and distribution of social resources for livelihood and health improvement to ensure the good health of community people	J. Develop social resources	50	Identify available social resources and problems in mobilizing them	I	
			51	Provide opportunities, forums and methods for community people to participate spontaneously in organizational or social changes	III	
			52	Build networks among community people and relevant agencies/organizations	III	
			53	Develop community organizations and services as essential resources	III	
		K. Systematize	54	Assess the need for systematization to solve health needs	I	
			55	Find ways towards systematization, working with relevant organizations and community people	III	
			56	Evaluate whether mechanisms are functioning comprehensively	III	
		L. Policy-making	57	Understand policies, while ensuring consistency with basic policies/basic plans of organizations (local governments, workplaces, schools, etc.)	III	
			58	Understand laws and regulations forming the basis of policies	III	
			59	Collect necessary information for policy-making	I	
			60	Document evidence supporting the necessity of policy-making	I	
			61	Based on documented evidence, explain the necessity of policy-making to community people and relevant agencies/organizations	III	
			62	Consult and negotiate with relevant agencies/organizations for policy-making	III	
			63	Policy-making based on the characteristics and needs of community people	III	
		M. Manage/ mobilize social resources	64	Understand the budget mechanism and prepare a draft budget based on evidence	III	
			65	Ensure coordination of activities and human resources (placement, procurement, etc.), working with relevant agencies/organization towards policy implementation	III	
			66	Announce and account for the results of policies, activities and projects	III	
			67	Continue evaluation and improvement to ensure fair and smooth provision of healthcare/welfare services	III	
V. Proficiency to ensure professional autonomy and continued quality improvement	5. Improve the quality of practice through voluntary, continuous learning of up-to-date expertise/ techniques related to healthcare, welfare and society in general	N. Utilize research findings	68	Invent methods of solving/improving health needs by transferring research findings into practice	III	
			69	Conduct research and development on PHN activities in accordance with social situation and community health needs	III	
		O. Continue learning	70	Continue spontaneous learning on social situation, expertise and techniques	I	
		P. Fulfil PHN duties responsibly	71	Identify one's own challenges to fulfil PHN duties responsibly	IV	

Guidelines on the Training of New Nursing Staff: Public Health Nurses

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The revision of the Act on Public Health Nurses, Midwives and Nurses and the Act on Assurance of Work Forces of Nurses and Other Medical Experts in July 2009 introduced nonbinding obligations, including clinical training, for new nursing staff starting work from 1 April 2010.

The Guidelines, which focus on the services provided by public health nurses, are designed to create a system enabling all institutions hiring new public health nurses to provide training on basic practical skills, regardless of field (health, welfare, nursing care) and scale of the hiring institution.

In principle, emphasis is placed on continuity with basic PHN education, as new PHN training should ensure that newly hired public nurses develop a professional attitude and practical skills, building on what they have learned in the basic curriculum.

It is important to develop effective training and guidance systems to allow continuous self-learning. Thus, the Guidelines clearly state the roles of newly hired public health nurses, preceptors, trainers, training officers and organizations for program planning and management, and illustrate how training programs should be implemented in coordination with healthcare centers and other core organizations involved in human resource development.

The attainment objectives include four objectives on "competency to work in an organization," 23 objectives on "professional skills," and four objectives on "self-management and self-development," all indicating the skills and levels of achievement to be attained by newly hired public health nurses within one year of experience and learning.

As regards methodology, the Guidelines present the concept and method of training evaluation, and explain OJT and Off-JT as well as their effective combination.

Technical guidance on home visits and community diagnosis is now illustrated in detail, along with leadership development.

The nationwide development of training systems for newly hired public health nurses, coupled with a uniform standard for their development, will help improve public health activities.

Report on APHA Annual Meeting 2010 & Conference at the University of Colorado

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I visited Denver, Colorado, from 5 to 10 November 2010.

On the first day of my visit, Professor Kathy Magilvy of the University of Colorado College of Nursing (UC) invited me to a conference which she had organized at UC. In total, 20 participants attended the conference, including the UC faculty members, Japanese students studying at UC, and faculty members and graduate students from three Japanese universities. The morning session consisted of presentations and discussions on the current status of nursing activities and education in Japan and the results of research at UC. At lunchtime, an instructor of community health nursing demonstrated the e-learning activity conducted at UC. A website run by a publisher contains explanations, video clips and pop quizzes on lectures. Thus, students can visit the website to study at any time and as many times as they want.

A campus tour was organized in the afternoon, taking in the library, laboratories and lecture rooms. All the laboratories, were equipped with state-of-the-art facilities, where practical sessions and examinations are held with the participation of standardized patients. The laboratory for home care nursing was modeled to look like an apartment, complete with a living room, kitchen, dining room and bathroom. Indeed, it was based on the home care laboratories of some Japanese universities. I was greatly inspired by the ingenuity incorporated into the educational environment and methodology.

The 138th Annual Meeting of the American Public Health Association was very lively, with the 12,000 participants actively discussing the theme of "social justice." The session organized by the PHN Section featured group works by all participants on two topics: "What is social justice for you?" and "Where is the origin of social justice for you?" While being reminded of the persisting social and health inequalities caused by racial disparity, I strongly felt that public health nurses are in a position to address such inequalities in health from the perspective of social justice. In the poster session which followed, I had the opportunity to exchange views directly with researchers working in the same field, regarding the findings of my research. I also had the honor to talk with some renowned researchers. I believe that one of the major benefits of participating in an international academic meeting is gaining firsthand knowledge of the latest information and trend reported in textbooks or research papers. I would like to continue with my research and to contribute further to such international meetings.

The 2nd Japan-Korea Joint Conference on Community Health Nursing

【Greetings from the Conference Chair】

It is my great pleasure to host the Second Japan-Korea Joint Conference on Community Health Nursing here in Japan.

The previous Conference was held in Seoul, Korea in November 2007, and with more than 100 participants from Japan provided an excellent opportunity for the two countries to deepen mutual exchange. In both countries, although situations differ slightly, there are regional residents young and old who live with a range of health problems. Nursing professionals working in communities are tasked with addressing health issues involving individuals, families and communities , and offering support toward improvement. This   Conference will provide an arena for sharing the challenges and future prospects for developing community-based nursing, and discussing their practical applications to education, research and practice in the field of community health nursing,

I sincerely hope this Conference will contribute to better the health and welfare of people in both Korea and Japan.

I look forward to as many of you as possible participating in the conference.

Dr. Katsuko Kanagawa

Date: July 17 (Sun)・18 (Mon), 2011
Venue: Kobe City College of Nursing   (3-4 Gakuennishi-machi, Nishi-ku, Kobe)
Main Theme: Challenge and Innovation on Community Based Nursing
Chair: Katsuko Kanagawa (President, Kobe City College of Nursing)
Organized by: Japan Academy of Community Health Nursing
Korean Academy of Community Health Nursing

○**Keynote speech**   "Challenge and Innovation on Community Based Nursing."
○**Special Lecture**   "Day- to- Dayness and View of Health in Japan."
○**Symposium 1**   "Strategies for Effective Community Development for Health   Promotion."
○**Symposium 2**   "Distinguishing Activities of Community Based Nursing :   its Implementation and Prospects."
○**Information exchange 1** "Supporting the Infirmed Elderly and Their Family Dwellings in the Community under Long Term Care Systems within Japan and South Korea."
○**Information exchange 2** "Strategy of Public Health Nursing Action on Child Health : Collaboration with Related Agencies. "
○**General Presentation (Oral and Poster)**

Organizing Secretariat: Kobe City College of Nursing, Community & Home Health Nursing
FAX: 078-794-8434   E-mail: jkjcchn2@tr.kobe-ocn.ac.jp
【Web site】   http://jkjcchn2.umin.jp/en/index.html

The 13th Annual Research Conference of JACHN was held in Hokkaido, Japan on 10th-11th, July, 2010

The conference was held at Hokkaido Citizens Activities Promotion Center in Japan. The chairperson was Kazuko Saeki (Professor, Faculty of Health Sciences, Hokkaido University).
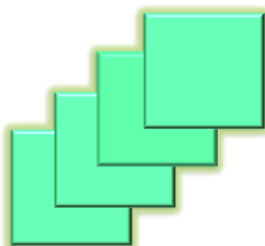A total of 491 people attended the conference. Among them 360 participants were from JACHN members and 131 from JACHN nonmembers.

The main theme of the conference is "Propose the policy for reforming health disparity of society by the community health nursing". Speeches, symposiums, oral and poster presentation, round table session and workshops were held to allow members to present their practical exercise as well as results of educational and research activities, and to exchange opinions on them.

There were 45 general oral research presentations, 110 poster presentations, 6 round table sessions and 7 workshops. The participants discussed areas of common concern for public health nursing, occupational health nursing and home care nursing .

（By M.Hirano）