

**MINISTRY OF HEALTH
HAI DUONG MEDICAL
TECHNICAL UNIVERSITY**

No: /BC-ĐHKTYTHD
“About the result of project in
2020”

**SOCIALIST REPUBLIC OF VIETNAM
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Hai Duong, date month year 2021

To: IPE committee of Niigata University of Health and Welfare

Pursuant to the Project Approval Letter dated on April 24, 2019 of the Japan International Cooperation Agency (JICA) approving the project "Creating a model of visiting home care patients in Hai Duong city in cooperation with healthcare professionals in communes"; Pursuant to Decision No. 3558 / QD-BYT dated August 14, 2020 of the Ministry of Health approving the project "Creating a model of visiting home care patients in Hai Duong city in cooperation with healthcare professionals in communes" sponsored by Japan International Cooperation Agency (JICA) through Niigata University of Health and Welfare, Hai Duong Medical Technical University reports the results of project activities in the 2020 as follows:

Interprofessional work (IPW) is considered an inevitable trend of the 21st century, especially in medical field. As a training university for doctors, nurses, bachelor of rehabilitation and other medical engineering disciplines, Hai Duong Medical Technical University has realized that it is necessary to undertake interprofessional education, where students from many different disciplines learn together, learn from each other and learn about each other to improve their collaborative practice, thereby improving treatment effectiveness, patient safety and quality of care. From 2017 until now, Niigata University of Health and Welfare - Japan (NUHW) has guided and trained key staffs and lecturers of Hai Duong Medical Technical University (HMTU) in the interprofessional education.

In the framework of a cooperation project funded by JICA, with the help of experts from Niigata University of Health and Welfare, in 2020, Hai Duong Medical Technical University has initially built and developed develop interdisciplinary care models at home for patients with the participation of teachers, students, and local health workers in different fields such as medicine, nursing, physiotherapy/rehabilitation functional, preventive medicine-public health and nutrition. Specifically, the university has issued a decision No. 539/QĐ-ĐHKTYTHD on the establishment of a core group of trainers to develop interdisciplinary training including 21 lecturers and 14 interdisciplinary student groups from the Faculty of Medicine and Nursing and rehabilitation. Groups of lecturers, students and health workers in 7 communes/wards (Thach Khoi, Tan Hung, Lien Hong - Hai Duong city, Gia Xuyen commune - Gia Loc district, Ngoc Son commune, Dai Son, Hung Dao - Tu Ky district) has performed interdisciplinary work to provide health care for 14 patients with sequelae of stroke, Parkinson or trauma from brain injury. Each interdisciplinary working group includes

03 lecturers, 6 students (1 general practitioner, 2 nurses and 3 rehabilitation workers) and 2 staffs of the commune/ward health station (as in the list attached)

1. Implemented work:

1.1. Preparation for the IPE workshop

Order	Content	Person in charge	Cooperator	Time completed
1	Designing a plan to organize the IPE Workshop	Dr. Hung	TOT	4/12/2020
2	Send preparation documents to communes according to the plan (there is also a survey of people with stroke who have just been discharged from the hospital, or have chronic diseases that need care)	Dr. Thuan	Rehabilitation Department, International cooperation Dept.	7/12/2020
3	Work with health commune station, choosing patient cases	Dr. Hung	TOT	10-11/12/2020
4	Designing cases for each group of students (2 cases/ commune)	TOT	Commune health station	11-17/12/2020
5	Development of medical records, daily patient care diaries, patient satisfaction assessment sheets and patient families	Mrs. Mai	TOT	11-17/12/2020
6	Develop assessment sheets for lecturers, health workers and students before and after the IPE Workshop	Dr. Them, Dr Xuyen	TOT	11-17/12/2020
11	Collect all proof: - Photos and minutes of all meetings according to common plans and groups - Opening report, case report and care plan of groups - Response sheets of teachers, students, health workers, the patient and the patient's family	Ms. Lan	TOT	15-31/12/2020

1.2. Plan for IPE workshop and home care model for patients

Time	Content	Person in charge	Cooperator	Place
13h30-17h00 15/12/2020	Introduction of IPE to TOT and staffs in the commune health station	Dr. Hung	Training management dept.,	Meeting room 2 – 3 rd floor– Administration building
	- Discussion about plan - Discussion	Dr. Xuyen	Science management and	

			International cooperation Dept.	
13h00 - 17h00 17/12/2020	Evaluate students before taking part in the workshop	Dr. Xuyen	TOT, student	Meeting room 102 – Lecture halls and library building
	Workshop on IPE for students	Dr. Hung		
	Deploying plans, assigning situations to groups of students	TS. Xuyen		
13h30-17h00 21/12/2020	Group meetings with students, faculty and health workers to discuss the case, discuss information that needs to be collected.	Group leader	TOT, medical station staff, students	Commune health station
	Visit patients, collect necessary information			Patient house
13h30-17h00 22/12/2020	Discuss, develop care plan, counsel and support the patient	Group leader	Lecturer, medical station staff, students	Commune health station
13h30-17h00 23/12/2020	Discuss, develop care plan, counsel and support the patient	Group leader	Lecturer, medical station staff, students	Commune health station
24/12/2020	Case report and care plan, counseling for the patient	Dr. Hung	TOT, Medical station staff, students	Meeting room 102 – Lecture halls and library building
24-31/12/2020	Implementation of the plan of care, counseling and support for patients (minutes signed by trainers and station staff), at the end of the round of collecting feedback cards from the patient and the patient's family	Group leader	TOT, medical station staff, students	Commune health station/ patient house
13h00 - 17h00 05/01/2021	Report of each group	Dr. Hung	TOT, medical station staff, students	Meeting room 102 – Lecture halls and library building
	Get feedback from lecturers, students and staff of the medical station about the internship course	Dr. Thuan Dr. Xuyen		
9h00-11h 15/01/2021	Workshop to get experience for internship in 2021	Dr. Hung,	GV TOT	Meeting room 2 – Administration building

2. Result of IPE workshop and implement models of home care for patients

After establishing groups of lecturers, students and interprofessional health workers, the groups studied the case and discussed to come up with a care plan for the patient.

After the lecturers and health staff had approved the plan, students provided care, instructed rehabilitation exercises, gave consultation on health care, and used medicines for the patient and the patient's family under the supervision of trainers and local health workers. The specific results are as follows:

2.1. Results of implementing the model on the patients

There are 14 patients in 7 communes selected to participate in the interdisciplinary care model at home. Based on patient medical history, medical history and current health status, faculty, students and local health workers from different disciplines identified and assessed the needs of patients to build care plan, guidance and counseling for the patient and their family members to improve the quality of life for the patient.

Interprofessional care helps patients to have many positive changes in their health, especially changes in attitudes and ability to participate in exercise and participate in daily activities. The specific results are as follows:

Order	Group	Information of patients	Content of care, counseling and support for patients	Outcomes of treatment intervention
1.	Group 1 Thach Khoi ward – Hai Duong City – Hai Duong province	<ul style="list-style-type: none"> - Age: 80 - Gender: Male - Occupation: retired - Ethnic: Kinh - Main care person: wife - Current health status: the patient had three times of stroke left the right hemiplegia, apraxia 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	<ul style="list-style-type: none"> - The patient speaks better and more than before intervention - Improving in mobility and activities of daily living - Blood pressure reaches the target blood pressure - Patient is free of constipation, learns the habit of eating a lot of green vegetables and fruits - Improving sleep ability: go to bed on time, get enough sleep, stay awake after sleep
2.	Group 2 Thach Khôi ward – Hai Duong City – Hai Duong province	<ul style="list-style-type: none"> - Age: 71 - Gender: Female - Occupation: farmer - Ethnic: Kinh - Current health status: Parkinson 10 years Degenerative lumbar Disease, disc herniation (L3- L4, L4- L5)many years but irregular treatment Hypertension for 3 months 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	<ul style="list-style-type: none"> - Patient still tremors due to Parkinson - Hypertension: Still present but less frequent Problem Insomnia: The patient is able to sleep - The frequency of constipation decreased - The patient relieves stiff neck pain a lot, and moves easily

3.	Group 1 Lien Hong commune – Hai Duong city – Hai Duong province	<ul style="list-style-type: none"> - Age: 45 - Gender: male - Occupation: worker (2 years ago) - Current health status: Traumatic brain injury sequel (2 years and 4 months). Poor memory, slow walking, bad gait, hard of hearing, fast speech. Incomplete paralysis of 2 lower extremities, spastic paralysis. Sleep disorders 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	<ul style="list-style-type: none"> - Psychology: Cheerful, relaxed, open-minded - Start doing chores around the house, preparing breakfast yourself - Reconstruct some old habits such as playing chess with neighbours and talked more - Eat better, sleep better, have understanding of a reasonable sleep regime, proper nutrition and initial change.
4.	Group 2 Lien Hong commune – Hai Duong city – Hai Duong province	<ul style="list-style-type: none"> - Age: 62 - Current health status: diabetes type II for 3 years (now stable treatment) <p>Patients had stroke 5 months ago. Had been treated at Hai Duong General hospital and Hai Duong rehabilitation hospital. The patient has been discharged from the hospital and now treated at home</p>	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	<p>After 9 days, the group conducted counseling and intervention treatment for patients</p> <ul style="list-style-type: none"> - Patient is happier, more open, emotionally stable, tried to communicate in body language and writing. - Self-mobility with assistive tools, independently, without need for followers <p>The shoulder joint is less painful, the range is improved</p> <ul style="list-style-type: none"> - There is a change in the layout of the home, the patient's bed has been changed - Having knowledge of a reasonable sleep regime, appropriate nutrition and initial change
5.	Group 1 Tan Hung commune – Hai Duong city – Hai Duong province	<ul style="list-style-type: none"> - Age: 78 - Gender: Male - Occupation: retired - Ethnic: Kinh - Main care person: wife - Current health status: The first stroke in 2010, the second time in 2017, sequelae of incomplete paralysis Broca's aphasia 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	<ul style="list-style-type: none"> - Have daily urinal and genital cleaning. - Drain the urine bag often, not to fill. - No monitoring of urine quantity, color, nature - After massage, the patient feels comfortable and relax - Family members do not cooperate in the process of helping patients with bladder exercises

		Benign prostatic hyperplasia		<p>Constipation: Improved, defecate every 2 days, soft stools, mold</p> <p>Muscle weakness</p> <p>+ Maintain existing muscle force</p> <p>+ Lying a lot leads to reduced lung function</p> <p>- Patient maintains respiratory condition without phlegm, cough</p> <p>Contraction of large pectoral muscle, posterior lower limb muscle, neck and shoulder muscle, back muscle, body muscle</p> <p>Reduced shrinkage of the muscles behind the lower legs => Legs stretched knees increased range of motion (ROM) from 5-125 to present 2-125</p> <p>Reducing spasms of large chest muscles, did not feel pain</p> <p>- Improved standing balance</p> <p>- Patient slowly clings both hands to the technologist to remove each hand one by one and leave both hands standing for 25 seconds</p>
6.	Group 2 Tan Hung commune – Hai Duong city – Hai Duong province	<ul style="list-style-type: none"> - Age: 81 - Gender: Female - Occupation: at home - Ethnic: Kinh - Current address: Tan Hung ward – Hai Duong city - Current health status: left hemiplegia, left facial nerve paralysis after cerebral infarction, osteoporosis, urinary tract infections, Hypertension 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	<p>Mechanical power, range of motion increased. Patients can stand, walk more, need less support from the therapist.</p> <p>Constipation improved</p> <p>The patient's blood pressure is still under control</p> <p>Painful urination decreased, urination decreased 7- 8 times /day, urine was pale yellow, limited nocturia</p> <p>The patient restricts sleep during the day, sleeps more at night from 5 to 6 hours / day, and sleeps deeply</p> <p>Family members have taken care of the patient properly: remind the patient to take</p>

				adequate medications, give the patient a reasonable diet, so that the patient gradually takes the initiative in daily activities and commuting. Patient psychology is more optimistic than before
7.	Group 1 Gia Xuyen commune – Gia Loc district– Hai Duong Province	<ul style="list-style-type: none"> - Age: 72 - Gender: Male - Occupation: retired soldier - Ethnic: Kinh - History: stroke, hypertension 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives..	<ul style="list-style-type: none"> - Patient is cheerful, open-minded and always listens to the advice of medical staff - Patient has less cough than before and knows how to keep throat warm - Patients have changed their eating habits from eating dilute porridge to thick porridge to avoid nighttime sleep => good night's sleep and eating solid porridge to improve the patient's swallowing ability. - Patient has purchased a blood pressure meter for daily monitoring - Patient buys thorn balls to practice to increase hand feeling. - Use a walking stick to avoid falling
8.	Group 2 Gia Xuyen commune – Gia Loc District – Hai Duong province	<ul style="list-style-type: none"> - Age: 71 - Gender: Male - Occupation: live at home, no job - Ethnic: Kinh - Family name: wife - Current health status: The patient was diagnosed with cerebral hemorrhage 7 months ago. Patients practice walking, using blood pressure medication, diabetes every day on an outpatient form. Currently, the patient is walking, holding objects on the weaker side (T) than the side (P), having difficulty 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	<ul style="list-style-type: none"> - Initial reintegration into the community - Patient is happier and more open - Increased range of motion, strengthened upper and lower limbs, strengthened paralysis facial muscles, increased coordination, and restored living functions

		speaking, eating, and urinating normally		
9.	Group 1 Ngoc Son commune – Tu Ky district – Hai Duong province	<ul style="list-style-type: none"> - Age: 71 - Gender: Male - Occupation: retire - Ethnic: Kinh - Main care person: wife - Current health status: sequelae after stroke 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	Increase range of motion, relieve muscle contractions, feed with right hand with a big spoon aid tool
10.	Group 2 Ngoc son commune – Tu Ky district – Hai Duong province	<ul style="list-style-type: none"> - Age: 77 - Gender: Male - Occupation: retire - Ethnic: Kinh - Main care person: wife - Current health status: Sequelae of cerebral infarction type stroke. Awake patient good contact. Weakness in the right shoulder, self-mobility, limited right shoulder joint movement, right shoulder joint pain when moving. Patient has normal bowel movements. 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	Improving range, releasing muscle contraction, gait limiting short-legged, long-legged movement, reducing replacement movements, reducing shoulder pain
11.	Group 1 Dai Son commune – Tu Ky district – Hai Duong province	<ul style="list-style-type: none"> - Age: 65 - Gender: Female - Occupation: farmer - Ethnic: Kinh - Main care person: husband - Current health status: Hemiplegia after cerebrovascular accident was treated at Hai Duong General Hospital and Bach Mai Hospital in August 2018 (1st time), then treated at Hai Duong Rehabilitation Hospital. 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	<ul style="list-style-type: none"> - Caregivers of patients already know how to measure blood pressure, monitor blood pressure regularly - Arrange utensils neatly Reach close to goal after 2 weeks of treatment: <ul style="list-style-type: none"> • Patient moves with a cane from moderate support to supervision • Independent patient wears shirt and socks. - Diet: <ul style="list-style-type: none"> • Split several meals a day (3 main meals, 2 snacks) • Adequate nutrition.

		The patient relapsed in March 2019 and was treated at Hai Duong General Hospital and National Geriatrics Hospital, currently monitoring at home.		- Wear shoulder straps regularly.
12.	Group 2 Dai Son commune – Tu Ky district – Hai Duong province	<ul style="list-style-type: none"> - Age: 79 - Gender: Female - Occupation: farmer - Ethnic: Kinh - Main care person: husband - Current health status: Stroke of cerebral infarction, high blood pressure 230/100 mmHg 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	<ul style="list-style-type: none"> - Patient's blood pressure has been controlled and kept at a stable level. - Patient and family member understand and strictly comply with the principles of treatment. Family members have taken care of the patient properly: remind the patient to take adequate medications, give the patient a reasonable diet, so that the patient gradually takes the initiative in daily activities and commuting. ... - Improve patient communication with people. The patient has more openness and confidence in communication. The patient remembers her husband's surname and husband's name, home address, certain items in the house, and names of favorite foods.
13.	Group 1 Hung Dao – Tu Ky District – Hai Duong province	<ul style="list-style-type: none"> - Age: 50 - Gender: Female - Occupation: No (before that: farmer) - Ethnic: Kinh - Current health status: left hemiplegia due to cerebral infarction due to large area of the right parietal region, treated by methods: electrolyte replacement, lowering blood fat, stem cell infusion and brain cell protection 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	<ul style="list-style-type: none"> - Eat and drink more independently. - Personal hygiene (brushing teeth and washing face) is more independent. - Bathing, washing the market helps to minimize. - Independent toilet. - Dress up to read. - Move on independent bed easily. - Move easily with the market can help, go reading up to 30m. Walk more firmly with improved hips and hips lifting. - Be more active in supporting family activities.

				<ul style="list-style-type: none"> - Actively participate in recreational activities, exchanges in the living area, as well as social organizations. - The patient sleeps more and sleeps more deeply (4-6 hours / 24h). - Patient and patient's family coordinate well in implementing the principle of the diet. - Family members know how to choose and prepare healthy foods for the patient. - Patients drink more water (1.5l / day).
14.	Group 2 Hung Dao commune –Tu Ky district – Thai Duong province	<ul style="list-style-type: none"> - Age: 80 - Gender: Female - Occupation: retired - Ethnic: Kinh - Main care person: son - History: Brain infarction 	Rehabilitation intervention, health education, nutrition counseling, medicine use counseling for patients and their relatives.	Patient can be independent from lying to sitting, and independent in eating, cleaning, and dressing, with assistance from sitting to standing 50%

2.2. Feedback from patients, patient family members, health workers, lecturers and students

2.2.1. Feedback from patients and patient family

Most of the patients have actively cooperated, received counseling, guidance and rehabilitation exercises directed by faculty and students of the school and health workers at the local level. All of the patients and their family members interviewed have positive feedback on the interdisciplinary care model at home. The patient believes that the care performed by teachers, students and health workers is very practical and effective, helping the patient become active, and improve some of the movement indexes. Patients look forward to continuing to participate in the program.

Limitations: On the part of the patient, most of them are elderly (70-80 years old), have sequelae of stroke or traumatic brain injury, have motor effects and need the help of relatives and family members. On the part of the patient's family: The family members are mainly the spouse of the patient. Therefore, they are mostly elderly, weak and have poor memory. Difficult to learn and perform rehabilitation exercises for patients. Patients rarely receive care from their children because they have to work and have no home when the interdisciplinary working group guides them.

2.2.2. Feedbacks from local health staffs

There are 13 health workers from 7 commune/ward health stations (7 heads are physicians / doctors and 6 nurses in charge of rehabilitation) have participated in the implementation of the interdisciplinary care model in home together with the school's student faculty.

Results: Basically local health workers are aware of the role of interdisciplinary work in healthcare for patients in the community and appreciate the value of this activity for patients.

Limitations: The implementation of interdisciplinary care at the local level is not regulated in the responsibilities and responsibilities of local health workers. Local health workers are involved in cooperating with school faculty and students in care and intervention planning, but participation is still passive when there are programs and projects.

Recommendations: The health administrators should have specific regulations on salary payment for local health workers if providing interdisciplinary care at home to promote local health. There should be a plan for further training on interdisciplinary work for local health workers to step by step be proactive in planning interdisciplinary care at home when the project ends. On that basis, it will promote the active participation of local health workers in the care of patients in the community.

2.2.3. Feedbacks from lecturers

Results: TOTs actively participated in the home-based interdisciplinary care model. Supervise and assist students in discussions to come up with a comprehensive care plan for the patient.

Limitations: Many trainers have not yet distinguished their roles as facilitators, not as lecturers

Recommendation: The Niigata University of Health and Welfare specialist should organize additional training classes for school trainers in interdisciplinary training. Organize exchange sessions on implementation experience as a facilitator with lecturers of Hai Duong Medical Technical University.

2.2.4. Feedbacks from students

Students actively participated in the program, recognized the importance of interdisciplinary learning, developing teamwork skills, working across industries in health care for patients and community

Students' attitudes and perceptions towards interdisciplinary learning were assessed before and after participating in the IPE Workshop through questionnaires. A total of 84 students participated in the seminar, 78 students responded to the workshop before the seminar, and 83 students responded after the seminar. The evaluation results are as follows:

Table 1: Numbers of students participated and answered the questionnaire

	Number of students participated in IPE workshop	Number of students answered before workshop	Number of students answered after workshop
General medical doctor	13	10	13
Rehabilitation	43	42	43
Nursing	28	26	28
Total	84	78	83

Table 2: Data sheet result for Interdisciplinary Student Readiness for participating in the IPE workshop

TT	Statements	Mean ^{Pre}	Mean ^{Post}
B1	Learning with other students will help me to become a more effective member of a healthcare team	4.13	4.22
B2	Patients would ultimately benefit if health care students worked together to solve patient problems	3.83	4.32
B3	Learning with students from other healthcare professions will increase my ability to understand clinical problems	4.25	4.43
B4	Learning with healthcare students before graduation would improve relationships after graduation	4.00	3.99
B5	Communication skills should be learned with other healthcare students	3.91	4.02
B6	Learning with students from other healthcare professions will help me to think positively about other professionals	3.95	4.17
B7	For small group learning to work, students need to trust and respect each other	4.34	4.24
B8	Team-working skills are essential for all healthcare students to learn	4.37	4.40

B9	Learning with students from other healthcare professions will help me to understand my own limitations	4.12	4.33
B10	I don't want to waste my time learning with other healthcare students	2.17 (Median 2.0)	1.89 (Median 2.0)
B11	It is not necessary for undergraduate health care students to learn together	2.12 (Median 2.0)	1.84 (Median 2.0)
B12	Clinical problem-solving skills can only be learned with students from my own department	2.39 (Median 2.0)	2.23 (Median 2.0)
B13	Learning with students from other health care professions will help me to communicate better with patients and other professionals	3.91	3.95
B14	I would welcome the opportunity to work on small-group projects with other healthcare students	3.91	4.11
B15	Learning with students from other health care professions will help to clarify the nature of patient problems	4.11	4.25
B16	Learning with students from other healthcare professions before graduation will help me to become a better team worker	4.20	4.17
B17	The function of nurses and other health care professionals is mainly to provide support for doctors	2.95 (Median 3.0)	2.72 (Median 3.0)
B18	I'm not sure what my professional role will be	2.46 (Median 2.0)	2.18 (Median 2.0)
B19	I have to acquire much more knowledge and skills than other healthcare students	3.58 (Median 4.0)	3.23 (Median 3.0)

** 1: Strong disagree, 2: Disagree, 3: Neutral, 4: Agree, 5: Strong agree.*

Although students have not attended interprofessional training before, most have a positive attitude towards interdisciplinary cooperation in task implementation (pre-workshop assessment results, table 2). Through a 2-week community-based IPE Workshop on a home-based patient care model with the cooperation of local health workers, students have become more aware and aware of the role of learning and doing. The interdisciplinary work is reflected in the change of the mean value of the student's level of consent to statements (Table 2).

Limitation: Due to the fact that the community internship plan of general medical students has not been arranged at the same time as the community internship

plan of rehabilitation students, the participation of general medical students has not. Some obstacles are due to having to do other learning activities at the same time.

Recommendation: Continue to integrate the model of interdisciplinary care at home into the community internship program. There are more in-depth lectures on interdisciplinary learning for students from previous years. It is advisable to extend the duration of the program to be able to evaluate the effectiveness of interdisciplinary care at home for patients. Arranging community internships of students of 3 disciplines at the same time so that the participation in care of patients of 3 disciplines is the same.

Above is the report on the results of the implementation of the project "Creating a model of visiting home care patients in Hai Duong city in cooperation with healthcare professionals in communes" by the Japan International Cooperation Agency (JICA) funded through the Niigata University of Health and Welfare in 2020. The results in 2020 will help the university continue to implement the model of care for patients in the community by 2021, thereby researching and integrating interdisciplinary training into the training programs, contributing to improving the quality of training and community service. The detailed reports of the groups are attached to this report.

Thank you./.

Recipient:

- As above;
- Save: Documentary room,
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