

## 長野県看護大学・異文化看護ニューズレター

第14号 No.14 March 2021  
2021年3月国際看護・災害看護活動研究部門  
International Research Center in Cross-Cultural and Disaster Nursing

## Contents / 目次

- |   |  |
|---|--|
| I. Foreword / 巻頭言   |  |
| II. Reports of International Activities<br>国際活動報告                                       | 3. Nepal Exchange Support Projects<br>ネパール交流支援プロジェクト                             |
| 1. USF/SMU Academic Exchange Projects<br>USF/SMU学術交流プロジェクト                              | 4. Promotion Projects for Internationalizing<br>Komagane City<br>駒ヶ根市国際化推進プロジェクト |
| 2. Cambodia (South-East Asian Countries)<br>Exchange Projects<br>カンボジア（東南アジア地域）交流プロジェクト | III. Members of IRC (2020) / 2020年度IRCのメンバー                                      |

## I. Foreword / 巻頭言

I am pleased to bring you the 14th Newsletter of International Research Center in Cross-Cultural and Disaster Nursing (IRC). In 2020, I became Director of IRC, and have been working with a total of 19 members including Tomohiko Yara as a vice director, Fumi Murai as an accountant, Koichiro Zamma as a chief editor of this letter, and Yoko Fukushima who joined us newly.

I think 2020 was a year when each of us suffered a severe damage. In January 2020, the first person infected with the novel coronavirus appeared in Japan, and numerous functions of our society have stopped due to the declaration of a state of emergency on April 7. As of February 2021, though more than a year has passed, many social activities, including daily life, have changed, and efforts that have never been experienced are still ongoing. The worldwide spread of this infectious disease has also made a major impact on our Center, which is characterized by its subject "international". The exchange projects with universities, students, and hospitals in foreign countries, which each project within IRC plans every year, have been canceled, and it has become impossible to accept trainees from overseas. I think this situation is the first time since 2002 when IRC was established at our college.

However, as mentioned in the reports of each project, even if we couldn't go abroad or accept

students or trainees from foreign countries, each of the members of IRC made efforts to continue the projects with various ideas by the help of digital science. These activities with the use of online also brought benefits which was far beyond our imagination. 2020 was a tough year, but I think it gave us new insights and limitless possibilities that we have never seen before. We wish that the activities of IRC will continue strongly in the spirit of resilience in 2021.

(Noriko Mochizuki)

異文化看護ニューズレター第14号の発刊にあたり、国際看護・災害看護活動研究部門（IRC）のこの1年間の歩みを振り返りたいと思います。2020年度は、私、望月が部門長となり、副部門長は屋良先生、会計は村井先生、ニューズレター編集長は座馬先生、そしてIRCメンバーに新たに福嶋先生を迎え総勢19名で活動してきました。

2020年度はそれぞれにとって過酷な年であったと思います。2020年1月に日本において初めて新型コロナウイルス感染者が出て、その後4月7日には国内に緊急事態宣言が出され社会全体がストップしました。そして2021年の2月現在、1年以上が経過していますが、日常生活を含む多くの社会活動が様変わりし、これまでに経験したことのない取り組みが未だ継続しています。この感染症の世界規模での拡大は、「国際」をその特徴としている当組織にも大きな影響を及ぼしました。IRC内の各プロジェクトが例年計画している海外の大学や学生、病院との交流事業が実施できなく



なり、海外からの研修生の受け入れも不可能となりました。当大学にIRCが設立された2002年以来、初めての事態であると思います。

しかし、各プロジェクトの報告にもありますが、海外に行けなくても、また受け入れができなくてもそれぞれが工夫をし、デジタルサイエンスの力を借りて何とか活動を継続させるように努力しました。このオン

ラインを活用した取り組みは、想像を超えたメリットもたくさんありました。2020年度は大変な年でしたが、これまでになかった新しい気づきや限らない可能性を私たちに与えてくれたようにも思います。当IRCの活動も2021年度はレジリエンスの精神で力強く進むことを祈念いたします。(望月経子)

## II. Reports of International Activities 国際活動報告

### 1. USF / SMU Academic Exchange Projects USF / SMU学術交流プロジェクト

In 2020, Dr. Ching-Hua Wang, the president of SMU (Samuel Merritt University) and Dr. Abbott Kondo, a professor of the Faculty of Nursing, were planning to visit Japan in June. During their stay in Japan, there was a plan to visit Nagano College of Nursing. However, due to the spread of COVID-19 infection, the visit to Japan was canceled. As for me, I have visited the USF (University of San Francisco) and SMU every year because our graduate school master's program includes overseas nursing training (elective subjects), but this year we also had to cancel the plan.

As the spread of COVID-19 has had a major impact on educational activities of many universities, I decided to visit the website of SMU, which is conducting academic exchanges with us, in order to know their response to COVID-19, and I found that Dr. Ching-Hua Wang's message with a byline was posted<sup>1)</sup>. She said that the hybrid model education would be continued until May for reasons the vaccination has been delayed. She also said that if they were worried about going to university, they could use the system for consultation.

In addition, the guidelines prepared by the SMU COVID-19 Committee, which were divided into students, faculty, and university staff, were posted. In the "Student Edition"<sup>2)</sup> a group of questions was prepared to confirm whether or not they were in good condition to attend university, and the conditions under which they could attend school were indicated. In preparation for a risk of infection, how to take action was explained in detail according to the level. And, many materials were also posted.

Due to the difference on public health and health care systems between Japan and the United States, the COVID-19 testing system is also very

different. Because the United States is a society that requires self-management, each student needs take appropriate action when they are suspected of being infected.

When we are in a busy situation, we have slight tendency to deal with the things at hand. By reading such a site, I was able to reconfirm that various ingenuity and efforts are being made across the world to guarantee the education of university students even under the COVID-19 pandemic.

(Kieko Yasuda)

2020年度は、サミュエルメリット大学 (SMU) の学長と看護学部のアボット近藤先生らが6月に来日される計画があり、その際に本学を訪問するという計画がありました。しかし、COVID-19の感染拡大のため、来日は中止されました。また、大学院修士課程には看護海外研修 (選択科目) の科目があり、これまで毎年サンフランシスコ大学 (USF) とSMUを訪問してきました。今年度は、当該科目を開講していません。このように、2020年度は計画を中止せざるを得ませんでした。

COVID-19の感染拡大は、大学の教育活動にも大きな影響を与えています。学術交流を行っているSMUのCOVID-19の対応について、ウェブサイトを使って調べてみました。COVID-19ページのトップには学長であるDr. Ching-Hua Wangの署名メッセージ (2021年1月8日更新) が掲載されていました<sup>1)</sup>。COVID-19パンデミックの状態が引き続けていること、ワクチン接種が遅れていることなどの理由で、ハイブリッドモデルによる教育を5月まで続けることを決定したと述べられていました。また、大学に登校することに不安がある場合には、相談にのる体制があるのでそれを活用してほしいことも伝えていました。

さらに、SMU COVID-19委員会が作成したガイドラインが掲載されています。それらは学生用、教員用、大学スタッフ用に分かれていました。学生用<sup>2)</sup>には、大学に登校して良い状態かどうかを確認する複数の質問が用意され、登校が可能な条件が示されていました。感染リスクが認められる場合にはそのレベルに応じた行動のとり方が詳細に説明されていました。また、多数の資料も掲載されていました。

日本と米国とは公衆衛生および保健医療システム

が異なるため、COVID-19の検査システムも大きく異なっています。米国は自己管理が求められる社会です。感染の疑いがある時に、学生が適切な行動をとることが必要です。そのために、さまざまな情報提供がなされていることが確認できました。

忙しい状況にあると目の前のことの対応に追われます。このようなサイトをみることによって、コロナ禍においても大学生の教育を保証するために、世界でさまざまな工夫や努力がなされていることを再確認できました。(安田貴恵子)

### 2. Cambodia (South-East Asian Countries) Exchange Projects カンボジア (東南アジア地域) 交流プロジェクト

Due to the epidemic of the novel coronavirus infection, almost all classes on campus have been changed to online this year. Therefore, all lectures of International Nursing 1 have been also changed into online. However, taking the advantage of the online to connect with the whole world on the spot, we are managing how to give better lectures doing trial and error.

On June 23, we connected with Sunrise Japan Hospital in Cambodia using Zoom and interacted with Japanese nurses who are working there. We could talk with Ms. Megumi Kobayashi, a nurse at the hospital, taking charge of the clinical professor for our college. The purpose of the lecture is to make our students raise interest in Cambodia and learn more about local nursing activities and issues.

Ms. Kobayashi gave lectures on the medical system and situation in Cambodia, an introduction of Sunrise Japan Hospital, and what it feels like actually working there. All the contents were very interesting and would be a step for students to think more about the difference between Cambodian and Japanese medical care.

At Sunrise Japan Hospital, eight Japanese nurses are currently working (as of June 2020). Mainly they are engaged in the consulting work of the entire nursing department and each ward, and the start-up work of the obstetrics and gynecology department. They also cope with management work such as problem extraction, planning, execution, advice on evaluation methods, and also private counselling on personal problems between the staff and making adjustments for solutions.

Ms. Kobayashi said that most of the difficult problems were a lot of miscommunications using English as a common language, and Cambodians

- 1) Ching-Hua Wang (2021, January 8, updated). *To all students, faculty, and staff*. Retrieved January 21, 2021, from <https://www.samuelmerritt.edu/coronavirus>.
- 2) Samuel Merritt University (2020, October). *COVID-19 Compendium: Student Edition*. Retrieved January 21, 2021, from [https://www.samuelmerritt.edu/sites/default/files/2020-10/SMU%20COVID-19%20COMPENDIUM\\_V.1\\_2020-10\\_09\\_STUDENT\\_final.pdf](https://www.samuelmerritt.edu/sites/default/files/2020-10/SMU%20COVID-19%20COMPENDIUM_V.1_2020-10_09_STUDENT_final.pdf)

character not being good at keeping things tidy and in order. What was particularly impressive from the perspective of international nursing was the story that traditional medicine is valued rather than Western medicine in Cambodia. It is an important insight of "nursing" in international nursing to think about why their culture is valued and why it is familiar, rather than judging whether the act is good or bad. Students seemed to be able to feel and understand it deeply and clearly. After the lecture, the students actively asked questions to Ms. Kobayashi, and each student was able to deepen their learning.

Due to the novel coronavirus infection, which has not yet ended, face-to-face regular lessons would be difficult to be continued. However, by taking advantage of the characteristics of online lessons, students might be able to gain a broader international perspective. I would like to continue to devise and study for students to learn more, and actively continue to interact with Cambodia.

Last but not least, I would like to thank Ms. Kobayashi of Sunrise Japan Hospital and everyone who supported us for their cooperation.

(Noriko Mochizuki & Yuki Iijima)



At Sunrise Japan Hospital (right: Ms. Megumi Kobayashi)  
サンライズジャパンホスピタルにて (右: 小林恵看護師)



今年度は新型コロナウイルス感染症の流行により、学内における授業のほぼすべてがオンライン授業へと変更となりました。国際看護学Iにおいてもその影響によりすべての講義がオンラインへと変更となりましたが、全世界とその場で繋がることのできるというオンラインの利点を生かし、工夫しながら講義を行っています。2020年6月23日には、カンボジアにあるサンライズジャパンホスピタルとZoomを用いて繋がり、現地で活動している日本人看護師と交流を行いました。現地での看護活動や課題を知り、カンボジアへの関心を高めるといった目的のもと、実際にサンライズジャパンホスピタルで活動し、本学の臨床教授でもある小林恵看護師よりお話を聞くことができました。

小林看護師には、カンボジアの医療体制や、医療状況、サンライズジャパンホスピタルの紹介、そして実際に働いていて感じることなどを講義していただきました。どの内容も大変興味深く、学生がカンボジアと日本の医療の違いなどを考える一歩となったようです。

サンライズジャパンホスピタルでは、現在日本人看護師が8名活動しています(2020年6月現在)。おもに看護科全体や各病棟のコンサルタント業務や産婦人科の立ち上げ業務で活躍しており、課題の抽出や計画の作成、実行、そして評価方法のアドバイスなどマネジメント業務をはじめ、スタッフのプライベートの間

題など人間関係の相談、解決に向けた調整もしているようです。

小林看護師が実際に働いていて困ったこととして、英語を共通言語とする上でのミスコミュニケーションが多いことやカンボジア人の性格として整理整頓が苦手ということをおっしゃっていました。国際看護という視点で特に印象的だったのは、カンボジアでは西洋医学ではなく、伝統医療が重んじられているというお話でした。その行為の良し悪しで判断するのではなく、その文化をなぜ大切にしているのか、なぜ親しまれているのかなどを考えることが、国際看護における“看護”の重要な部分であり、それを学生は肌で実感することができた様子でした。講義後の学生から小林看護師への質問も活発に行われ、学生それぞれが学びを深めることができました。

まだ現在も終息に至っていない新型コロナウイルス感染症により、対面での通常授業は困難な状況が続きますが、オンライン授業の特性を生かし、学生が少しでも国際的な広い視野を身につけることができるよう、今後も工夫・検討をし、積極的にカンボジアとの交流を継続していきたいと考えています。

最後になりましたが今回ご協力いただいたサンライズジャパンホスピタルの小林看護師、サポートしていただいた皆様へ感謝申し上げます。

(望月経子・飯嶋勇貴)

### 3. Nepal Exchange Support Projects ネパール交流支援プロジェクト

#### Online Training in the Komagane City's International Cooperation Project: "Capacity Building in Trainers of the Maternal and Child Health Training Center in Pokhara, Nepal"

In 2015, the Citizen's Association for Nepal Exchange launched a project for maternal and child health in Nepal with the support of the Japan International Cooperation Agency (JICA) Partnership Program (JPP). The project consisted of two phases: Maternal and Child Health Project for Safe and Secure Delivery (Phase 1) and Sustainable Maternal and Child Health Project (Phase 2). Komagane City participated in this project as the administrative office. Every year, Nagano College of Nursing (NCN) cooperated in the training in Japan. As the project ended in 2019, Komagane City started a new project titled "Capacity Building in Trainers of the Maternal and Child Health Training Center in Pokhara, Nepal" from the fiscal year of 2020. This project got support from a program to promote international cooperations among local governments.



Trying to explain it to the trainees using a model (middle, left end)  
何とか伝わるようにモデルを駆使して説明中(中段左)

The objective of this project is to strengthen the training capacity of the Maternal and Child Health Training Center in Pokhara, a friendship city of Komagane City by training of the trainers. This project aims to upgrade the level of midwifery care and to improve maternal and neonatal mortality. With the cooperation of the Citizen's Association for Nepal Exchange, we also intend to establish our college's distinctive features and enable the local community's vitalization through the training in NCN and the exchange between trainees and residents.

In the fiscal year of 2020, the Nepalese trainees were supposed to come to Japan and acquire the knowledge and skill of midwifery care. NCN should have been a base of the training sites: maternity homes in Kamiina District, including Komagane City. However, due to the novel coronavirus pandemic from the beginning of the year, overseas training became impossible. Therefore, NCN and the Citizen's Association for Exchange with Nepal had discussions and decided to provide an online training course to realize the project's objective.

In this article, I would like to report our activities in "Training for Strengthening Assessment Skills for the First Stage of Labor." Online training was the first experience for NCN trainers. We set knowing the importance of the first-stage care aiming for safe delivery as the primary objective. We established the following seven specific goals to realize the primary objective.

- ① Trainees should be able to understand the basis for what kind of care is recommended and what is not recommended during labor.
- ② They should be able to understand the significance of midwifery diagnosis.
- ③ They should understand the outline of midwifery diagnosis (a diagnosis based on the progress of labor) during the stages of labor.
- ④ They should understand the initial diagnosis made at the time of admission.
- ⑤ They should understand how to record a partogram based on the progress of labor.
- ⑥ They should be able to make an initial diagnosis and a follow-up diagnosis during the delivery period based on example cases.
- ⑦ They should be able to make an initial diagnosis and a follow-up diagnosis during the delivery period based on actual cases.

The training consisted of eight sessions. Of eight, two are the lectures to learn ①, ②, and ③, titled "Intrapartum Care for a Positive Childbirth Experience Recommended (WHO)," "The Right to Safe Motherhood and Reproductive Health," and "The Significance of Midwifery Diagnosis." The next five sessions were the practices toward goals ④, ⑤, and ⑥. The final session was the presentation on midwifery diagnosis in the conduct of labor in which the trainees themselves were involved.

The trainees were the nursing staff of the Maternal and Child Friendship Hospital: Ms. Nanda, Ms. Shobha, and Ms. Sumitra. All trainees already had an experience of the training in Japan by JPP.

Therefore we expect they become leaders and play an essential role in the Maternal and Child Friendship Hospital. Although we accepted the limited number of trainees due to the capacity for the exercises, there were strong requests from the local people to participate in the training. Then we allowed several people participated as auditors.

In training, we experienced several difficulties, such as interruptions of the network communication. Furthermore, sessions did not proceed as planned due to the time for translating the three languages: Japanese, English, and Nepali. Also, we found that the trainees were embarrassed in understanding how to make the best of the knowledge they had learned in a midwifery diagnosis beforehand. It is because the training made them acquire a new way of thinking. As a result, a trainee said, "I'm confused. Please give me some time to think about it." Therefore, maternity and midwifery nursing trainers from NCN showed a model in front of the online screen and explained how the baby's head enters the pelvis, leading to mutual understanding.

We deepened our mutual understanding enough as we completed the sessions at the end of the training course. The training discussions became smoother between the trainees and the trainers from NCN and the Citizen's Association for Nepal Exchange. After each workshop, we received feedbacks from the trainees, saying, "It was difficult, but I understood the necessity for the process-based assessment and diagnosis." and "In the daily midwifery care from now on, I hope to use the score I learned."

These responses were very encouraging because we had pondered the training methodology at every session. At the time of writing this report, the trainees' tasks are only the final practice and the presentation on what they learned in this training course. I am very much looking forward to seeing the progress of the trainees.

However, we found many points for improvement in the training. First, we had a little knowledge of the local midwifery care in Nepal. Knowing what they learned and acquired will makes us understand the situation of the basic education in nursing and midwifery there. Furthermore, we should have helped the trainees connect their knowledge with the practices. One of the major reflection points is that we confused the trainees due to the lack of understanding of these points.

On the other hand, we found the potential of training using new online technology. If we train