京都大学若手人材海外派遣事業 ジョン万プログラム 研究者派遣プログラム

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英文報告書

提出日:平成 25 年 8 月 30 日

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1. 渡航者 (日本語)			
氏名	長尾 美紀	採択年度	平成 25 年度
部局	医学部付属病院	電話	
職名	講師	メール	
研究課題名	Investigation of Developments and National Experience in the Area of Nosocomial Infection Surveillance and Medical Audit of National Health Service in England		
海外渡航期間	平成 25 年 5 月 1 日~ 平成 25 年 8 月 12 日		
渡航先 (英語表記)	国名:英国 大学等研究機関名: Imperial College London 研究室名等: Department of Medicine, Centre for Infection Prevention and Management 受入研究者名: Professor Alison Holmes		
 2.渡航の報告 (英文) 渡航先の研究環境、研究者との交流、研究発表の状況等、渡航中の滞在経験について英語(500~1000 語)で記述して下さい。受入研究者と撮影した写真や研究発表で用いた図等について、可能な範囲で 別添として提出して下さい。ページ数については増加してもかまいません。 この報告は、ジョン万プログラムの成果として、京都大学ホームページ(英文)などに掲載される ことがあります。 			
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Antimicrobial resistance is an important patient-safety and public-health issue. Controlling antimicrobial resistance requires a multifaceted approach. An antimicrobial stewardship program (ASP) is an approach that can be used to improve antimicrobial prescribing and control antimicrobial resistance. In United Kingdom, active ASP has been implemented for a long time and reduction of nosocomial infection has been achieved through stringent and effective infection control practice. The aim of my visit was to learn how ASP had been implemented in England and to establish research network in one of the leading research teams in Europe.

During 3-months visit in Imperial College London, I was attached to the Department of Infection Control of Imperial College Healthcare National Health Service (NHS) Trust and the National Centre for Infection Prevention and Management (CIPM) at Imperial College. At first, I met a variety of people from the research team and the service. CIPM made an introduction program especially for me, which helped me to understand the structure of Imperial and NHS. I attended the Annual Scientific Research Meeting organized by CIPM and collaborators such as Public Health England (PHE), Business School of Imperial College. At the meeting I learned a lot about the importance of implementation science and social marketing skills in dealing with infection control issues, and as a result, I am planning to apply the skills I have learnt to tackle with the current problems in my hospital in collaboration with other health care personnel. On a weekly basis, I attended the Executive and Clinical Review Meetings and Staff Round lecture to learn how they were dealing with infection prevention and risk management under NHS in collaboration with PHE. On the clinical front, I attended ward rounds with IPC staff, joined laboratory bench rounds with Microbiology, Trust Infection Prevention and Control Meeting, leadership walkrounds. I visited and attended wards and meetings at all their hospitals, Hammersmith, Charing Cross, St Mary's and Western Eye Hospital. In addition to the formal meetings, I attended several informal meetings in which I and new colleagues at Imperial shared the knowledge and the research I am going to organize C. difficile surveillance using national progress. university network in Japan, which will take place this winter, using the learning and experience gained at Imperial. My experience at Imperial regarding addressing Clostridium difficile issues in acute care hospitals was really beneficial.

I also had the time to learn about the structure of NHS and organizational approach to using resources especially in implementing ASP in acute care setting. The prevalence of multidrug-resistant organisms is increasing worldwide and in Japan. In the upcoming years, the Japanese society will become a "super-aging society" with an increasing burden of medical costs. The ASP is associated with the reduction of nosocomial infection in the NHS framework in England. I learned that there was a variation in type of measures each institution (even at the national level) could implement, and a comprehensive strategy was needed to address the emergence of antibiotic-resistant organisms. To improve the quality of care and reduce medical costs, I really felt that we should promote the establishment of an ASP as a national strategy, beginning with measures that can be undertaken immediately using existing resources. I am preparing a manuscript regarding this problem in collaboration with the lead pharmacist at Imperial.

During my visit in London, I also attended a workshop organized by University College London and Japan in which high school students from Tohoku presented about 3.11 disaster and commemorated 5 young men from Choshu who visited the UCL 100 years ago. I am going to support the UK-Japan Academic interaction from next year.

Thus it was really a beneficial 3-months visit for me. I appreciate very much the support from John-Mung Program, my colleagues and family. I learned a great deal about infection control practices *in truth* in England which I could not know from literatures or other written resources. Moreover, the network of personal connections at Imperial is one of the successful results of this visit. I am confident that human network, knowledge and skills I gained would be beneficial in my future research.