

京都大学若手人材海外派遣事業 スーパージョン万プログラム  
研究者派遣プログラム

英文報告書

提出日：平成27年1月30日

1. 渡航者 (日本語)			
氏名	大坪 徹也	採択年度	平成25年度
部局	医学研究科	電話	
職名	助教	メール	
研究課題名	根拠に基づいた地域医療政策のためのデータベース研究		
海外渡航期間	平成25年12月26日～平成27年1月1日		
渡航先1 (英語表記)	国名：United States of America 大学等研究機関名：Geisel School of Medicine at Dartmouth 研究室名等：Dartmouth Institute for Health Policy and Clinical Practice 受入研究者名：Professor David Goodman		
渡航先2 (英語表記)	国名：Canada 大学等研究機関名：Institute for Clinical Evaluative Sciences 受入研究者名：Professor Jack Tu		
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。			

I spent the first six months of my sabbatical in Hanover, New Hampshire, US and the subsequent six months in Toronto, Ontario, Canada. A blizzard on my first working day in January made me fully aware that I was now in North America. It was my first experience being in a -20°C environment.

In both countries, I was able to receive warm support not only from the supervisors, but also from physicians, epidemiologists and data analysts. This was especially apparent in the US, as I was permitted access to their entire database for my research activities. However, the analytical environment was far from what I was used to. I needed to write code using an unfamiliar computer programming language, and had to detect and deal with an abundance of tricky obstacles in the database. Fortunately, I received a lot of advice from the kind researchers and data analysts. It was like learning an unfamiliar local language through a second language. These experiences in the US helped me adapt more quickly in Canada.

I wrote two manuscripts for international journals, joined an international collaborative research project involving six countries, and contributed a chapter for a health services research handbook project. Through these research activities, I was able to have discussions with many eminent researchers in person.

One of my major interests is to learn database management. We can ascertain research output by reading research articles, reports and so on. However, database management for health services research cannot be learned through documents alone. It was exciting that I could experience database management in two different environments, and learn the pros and cons of each system. A notable difference in database management between the two countries was in the culture concerned with documentation, i.e., how information is shared for achieving maximum efficiency in database management. In both these environments, many researchers and data analysts work together. The problems associated with the efficient sharing of knowledge are common even in Japan. As a researcher, I was happy to have first-hand experience in how large databases are managed in different situations.

I was given great opportunities not only for research activities, but also for educational activities. I gave two lectures about the Japanese health care system in the US and one lecture on the same topic in Canada. In the US, the audience was composed of master's students, and I was inundated with a blizzard of questions from international perspectives. Usually in my classes in Japan, I am only asked a couple of questions and some students may seek further discussion after lectures. I was struck by this considerable difference in the students' proactive attitudes. The audience for my seminar in Canada included physicians, epidemiologists and researchers who are interested in Japan. There are some guidebooks on the Japanese health care system, but most of these do not provide an overall image of the system. Therefore, I used many figures and tables in my explanations. Fortunately, the majority of the audience understood what I said, and again I was overwhelmed with questions. These opportunities were certainly very exciting and fulfilling.

The year went by much faster than I expected. But in that short time, I was able to get to know many foreign researchers. I would like to keep and nurture this research network and contribute more to the academic world not only as a faculty member, but as a researcher in Japan.

Finally, this research trip was supported by members of the Department of Health Economics and Quality Management, School of Public Health and various administrative staff in Kyoto University. I would like to use this opportunity to offer my thanks for their invaluable contributions.

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