

Division of Clinical Epidemiology

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General Summary

The Division of Clinical Epidemiology was founded in 2009 as part of the Research Center for Medical Science to promote the activities of clinical research, clinical epidemiology, and education concerning them. Our aim is to support clinicians to solve their own problems in daily practice through epidemiological and clinical research skills.

The research interests of our division are medical communication, evaluation of medical care, behavioral medicine, outcome research, qualitative research, and disease-oriented epidemiological research. In particular, we aim to obtain evidence in the field of primary care, which, despite being the front line of medical practice, suffers from a lack of evidence.

To contribute to undergraduate education, our division holds classes in evidence-based clinical practice to help medical students become skilled physicians able to employ an evidence-based approach.

Our postgraduate education concentrates on the methodology of clinical and epidemiological research and biostatistics. An educational program for clinical research methods in primary care, which was started in 2007 with the financial support of the Ministry of Health, Labour and Welfare, has been renewed as Jikei Clinical Research Program for Primary Care in 2009. The aim of this program is to have primary-care physicians be clinician-researchers.

Research Activities

Historical cohort study of fever and infection in the setting of home medical care

This study was, to our knowledge, the first attempt to evaluate the incidence of fever in a Japanese home medical care setting. The subjects were 105 persons (37 men and 68 women) with a mean age (\pm SD) of 82.8 ± 7.9 years in 1 primary-care clinic. The total number of person-days was 27,546. The incidence of fever $>37.2^{\circ}\text{C}$ was 2.32 per 1,000 person-days (95% confidence interval: 1.75–2.89). Approximately half of the persons receiving home-medical care had fever once a year.

Chronic care model

The chronic care model was developed during the 1990s in the United States to improve the care of chronic illnesses by refining the care-provider system, especially in a primary-care setting. The aim of this research is to clarify the usefulness of the chronic care model in Japan.

The plan consists of 3 steps. The first is to make an official Japanese version of the assessment form “Assessment of Chronic Illness Care” by following World Health Orga-

nization procedures, for example, translation, back translation, and pilot study. This procedure has been finished. The second step will be to compare the quality of diabetes care between diabetes specialists and primary-care physicians as non-specialists. The last step will be to perform a cluster randomized controlled trial to evaluate the efficiency of the chronic care model.

The effect on patient satisfaction of communication styles in medical interviews

At present, the patient-physician relationship is of great interest in Japan. However, few studies have been reported. This study used the Roter Interactional Analysis System to evaluate the effect on patient satisfaction of communication styles in the medical interview.

Publications

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