## Education Center of Kenichi Yamada Internal Medicine Clinic and the Guido Ruffino Prize

Kenichi Yamada Miyagi Prefecture Association of Medical Practitioners Shiogama Chapter

Itsuko Yamada, vice director of the Education Center of Kenichi Yamada Internal Medicine Clinic, was awarded the second Guido Ruffino Prize at the Congress of European Association for the Study of Diabetes (EASD) held in Berlin from October 1 through 5, 2018. The Guido Ruffino Prize is given to a recipient who may not necessarily be a clinical doctor but has been involved in diabetes education, has contributed to an improvement in patient education through novel approaches and has been presenting research findings at international conferences on a continuous basis. Itsuko gave her acceptance speech in English at the Diabetes Education Study Group (DESG) forum on October 2.

The Education Center of Kenichi Yamada Internal Medicine Clinic, founded in August, 2012, is located by Nishikoen (West Park) in Sendai. As we struggled to come to terms with the losses and suffering that came in the aftermath of the Great Earthquake of Eastern Japan, we began to feel that we needed to take steps to rise from the ashes of destruction and start, in our own modest way, something that represented both continuity and renewal.

We hoped that the Education Center would be a place where our experience over many years of treating diabetes could be compiled into a set of concrete learning tools that could be passed on to the next generation of diabetes medical professionals. The Education Center has served as a place where medical professionals, including the clinic staff members, could gather for workshops, where the diabetes patients at the clinic meet each other for discussions and support, and where materials for conference presentations are prepared and Skype conferences with overseas colleagues are held.

Since I opened Kenichi Yamada Internal Medicine Clinic in 1991, I have always looked for effective ways of overcoming the significant gap between the treatment process deemed ideal by medical professionals and the actual changes of behavior in the patients, and changes in their attitudes toward treatment, which greatly affect the outcome of diabetes therapy. A 1999 visit to Joslin Diabetes Center, which had already targeted their expertise on outpatient treatment, greatly inspired Itsuko and me. At Joslin, concentrated efforts had been made to provide a comprehensive diabetes education program intended to draw out the potential within the patient. Upon our return, Itsuko started a project team within the clinic and developed our own education program. We had the good fortune of befriending Dr. Masakazu Hattori, associate professor at Harvard Medical School, who was working at Joslin Diabetes Center at the time of our visit. Prof. Hattori later organized a conference that he called "USA-Japan Meeting on Diabetes Education, which provided opportunities for us to present and conduct discussions in English on diabetes education. It also inspired Itsuko and me to seek opportunities to take part in and give presentations at diabetes congresses and workshops overseas.

In June 2006, we participated in the "US Diabetes Conversation Maps" workshop at the American Diabetes Association Congress. During the workshop, we learned that there was no plan for creating a Japanese version of the maps. During the workshop, Prof. Linda Siminerio (who later chaired the International Diabetes Federation (IDF) Congress held in Montréal in 2009), who had been involved in the production of the maps as a core member of the Congress of American Diabetes Continuing Education and Nursing, advised us that we might consider creating our own maps. Heartened by Prof. Siminerio's encouragement, Itsuko created our own, A3 size version of the laminated diabetes dialogue map in August 2006. While the US conversation maps are a set of five 3' x 6' maps, with a focus on facilitating acquisition of the knowledge and skills required for self-management of diabetes, our diabetes dialogue map is a medium tool to be used by both patients and medical care providers, designed to inspire the patient to "talk about his condition in his own words". In this sense, our diabetes dialogue map is totally different from the US conversation maps.

It is crucial that the patient first and foremost recognize various issues he needs to address in order for him to achieve diabetes self-management. The Diabetes Dialogue Map includes nine self-awareness pointers set along a gently winding path toward a final goal. By the time Itsuko created the Diabetes Dialogue Map, a rapport between the clinic staff members and the patients was already well established. An important part of creating this trust and confidence over many years certainly includes a small original watercolor painting with an original poem that Itsuko puts on the waiting room wall every month. It is an intimate and personal touch that puts patients at ease and fosters a personal bond.

When we gave a poster presentation on our diabetes education program at the 2006 Therapeutic Patient Education in Europe, we met and became friends with Prof. Jean-Philippe Assal, professor emeritus in Geneva University Medical School, who had worked for a number of years as the director of the WHO Chronic Disease Study Group. At an invitation from Prof. Assal's Education Research Center, we took part in workshops and discussions with regard to the Diabetes Dialogue Map in Grimentz and Geneva Switzerland. We discussed, in depth and from multiple perspectives, the characteristics, cultural framework, artistic aspects and methods of utilization with respect to the conversation map.

The fourteen participants invited by Prof. Assal to participate in the workshops and the discussions, included patients, doctors, nurses, pharmacists, educators and artists, we agreed that when diabetes patients looked at the map, their experience, conditions and emotions were projected onto the map. Through this process, each patient was able to create his or her own narrative and take possession of his or her own condition.

We have been lucky to have opportunities to give presentations on our diabetes education program and the Diabetes Dialogue Map at overseas medical conferences and discussion forums as well as at the conferences of the Japanese Diabetes Congress (2002-2012 US-Japan Meeting, 2006 TPE Florence, 2006 IDF Cape Town, 2008 TPE Budapest, 2009 IDF Montréal).

At Prof. Assal's suggestion that a combined use of the Diabetes Dialogue Map and Pictorial Representation of the Illness and Self Measure (PRISM) might achieve synergetic effects, Itsuko visited Prof. Stefan Buchi (who created PRISM in 1999) in the Psychiatry Department at the University of Zürich in 2012. The training Itsuko received from Prof. Buchi focused on the principle, the concept, the methodology and the evaluation method in PRISM applications. A patient using PRISM sets a 5 cm red disk (representing his illness) in relation to a 7 cm yellow disk (representing the patient himself) fixed at a lower right position on an A4-size whiteboard and explains his feelings, thoughts and conditions in reference to the positioning of the disks. This is a tool for obtaining objective data as a medical professional records the patient's narrative and measures the distance between the patient himself and the illness (self-illness separation; SIS). PRISM and the Diabetes Dialogue Map are similar to each other in that they are both visual media. Through the use of PRISM and the Diabetes Dialogue Map, it is possible to document a patient's self-evaluation without having to use a questionnaire. At the IDF held in Melbourne in 2013, a presentation; "Diabetes Dialogue Map and PRISM", which was a

compilation of data indicating the results having been collected thus far, was jointly given by Jean-Philippe Assal, Stefan Buchi ,Tiziana Assal, Kenichi Yamada and Itsuko Yamada.

We are aware that the real winners are the diabetes patients and staff members at the clinic, the crew at the Education Center as well as, of course, our mentors, Professors Assal and Buchi, whose support made it possible for Itsuko to be recognized with the Guido Ruffino Prize.

As we move forward we will carry with us the belief that success in treatment is achieved by patients and medical care providers also moving forward together, one step at a time.

\* Itsuko's acceptance speech can be viewed on YouTube; search Itsuko Yamada Guido Ruffino Award.