A Collaborative Clinical Case Conference Model for Teaching Social and Behavioral Science in Medicine: An Action Research Study

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Supplementary material 2. Topics and comments in postgraduate and CPD conferences

Date	No.	Case summary topics	Comment summary	Number of teachers and participants		
				CT	MA	Participants
12-Jun-15	1	Terminal care of a dying priest who is also worthy in the community	1. Friction and rivalry between social roles and personal life 2. Transition of death and dying among eras (Aries) in Japan and process of dying	4	6	30
	2	Management of a socially isolated family with a muscle and intelligence disorder who is totally separated from the world of modern medicine	1. Ethno-graphic description of the case 2. Recovery of patient autonomy			
8-Nov-15	3	A patient who became happy with a stoma and the presenter's surprise with it	1. Life history 2. Inconsistency between one's words and actions, asymmetry between doctors and patients 3. Pollution, taboo, and order	5	7	40
	4	A 100-year-old woman whose family members prioritize religious routines and rites over their mother's care	1. Cultural competence 2. Overview of newly risen religions, secularism, and "power of *imo* (female)" 3. Gap between a family's ideology and situation			
10-Feb-16	5	An elderly "garbage" house and her decent family	Relationship between the family and the local community; the house and history of the family	3	2	5
	6	An old man with dementia and his wife with depression who reject prescription and care	Female position and role in a Japanese family; system theory thinking			
10-Jun-16	7	How do we manage a problem with a patient who denies medical care? (Same case as no.6)	1. Family history and social relationship (role as a mother and role as a wife) 2. Rephrase the question to "What did this old man try to guard from health professionals?"	4	6	33
6-Nov-16	8	Management of a woman with SLE who has a university second opinion outpatient service	1. Patient's logic and doctor's logic 2. Narrative, its structure, and the second opinion service as a place where patients explore their narratives	5	5	40
12-May-17	9	The goal and extent of medical home care for a deteriorating iNPH patient	1. Doctor-patient relationship from the perspective of gift theory. 2. Physical and social experience of "I cannot" and care to elicit novel "I can"	5	5	29
22-Jul-17	10	Terminally-ill patient with COPD who insisted on toileting alone. A dilemma between autonomy and care.	A transformation of a status around receiving an aid for toileting, medication and self-perception, multiplicity of living ways in terms of choices in managing their daily activities	3	5	18
12-Nov-17	11	A patient with adrenal insufficiency treated with corticosteroid, whose pharmacist daughter misunderstood the disease pledged to use supplements. How to manage a conflict of opinion?	Co-existence of knowledge of treatment from different medical sectors (professional and folk sectors); The (un)acceptance of the death of the daughter's mother, subjunctivizing illness narrative	3	7	30
27-Jan-18	12	A patient with CKD who attributes a range of symptoms to medications and rejects dialysis because of his concern that dialysis will become a burden on his family	Relational autonomy, local biology, social body, and a sense of having boundaries aggressed by transfusion, dialysis, and medication	2	4	21
24-Feb-18	13	A patient admitted with diabetic nephropathy exacerbation caused by interruption of medication who attempted to send a gift to a resident to thank her for her care	The conflation of adherence with intelligence, a classical theoretical concept of gift and exchange	7	5	60

Note. Adapted from "Managing uncertainty: Collaborative Clinical Case Conferences for physicians and anthropologists in Japan," by Iida, J. and Nishigori, H., in I.L. Martinez and D.W. Wiedman (Eds.), Anthropology in Medical Education: Sustaining Engagement and Impact (p. 81–82), 2021, Cham: Springer Nature Switzerland AG.
CT: Clinical Teacher, MA: Medical Anthropologist