**Advantages of face-to-face communication**

- **Reinforcement of Collaboration**
  ① Sending signs with nodding and eye contacts enable to confirm their thought each other.
  ② Face-to-face communication works as opportunity to make relationships for easy contact and consultation.

- **Interdisciplinary care**
  ③ They was able to share of insignificant question and information which interfere with a care by leaving space.
  ④ The viewpoint of other occupational descriptions is taken in through talks, and a view is extended.
  ⑤ It decides taking in the opinion of two or more occupational descriptions about the directivity of the indefinite care.

- **Integrate of recognition**
  ⑥ In caring, what is not written to space for required information is shared.
  ⑦ Giving examples and explaining condition and the feature makes a user’s global image more concrete.

**Introduce**

- A multidimensional assessment and an intervention by the home based care team of elderly people enables to grasp the comprehensive condition of client and combines with improvement of elderly people.
- The differential of knowledge and the capability by the difference in clinical experience are eased by the protocol meeting done by the care team, and a meeting participant's capability and knowledge improve.
- The system of nursing care insurance in Japan is apt to be influenced the cooperation by the care manager’s capability. To strengthen collaboration by care manager (CM) between multi-professional care team enables to contribute stable high quality care for elderly people.

Does the protocol meeting done by the care team perform as resource of strengthening of collaboration? How about Possibility? We will reveal what role the meeting is demanded by care managers and seek the prevention factor and possibility of face to face communication that lead quality of care to improve.

**Problems concern with Nursing Care Insurance System**

① In a meeting, the contents and the attitude of talks have a difference by the staff between who has opportunities face-to-face communication well and who doesn’t have. ② There are not time by busy business and lack of nursing-care benefits to a meeting. And, the contents of space are evaluated rather than that of meetings.

**Problems concern with individual**

③ "CM> Since a protocol does not exist in the posture in how to advance the meeting, the quality of a meeting is influenced by the amount of knowledge and decision-making ability of CM.
④ Other kind of professional > There is a difference in the posturing to the meeting and the amount of information influenced with the difference in an experience value or the posture to a care.
⑤ The intention of the client or the family is not respected in the determination about the care. Moreover, the gap of recognition has arisen between a user and the staff.

**Problems of the protocol meeting**

- ① Difference of center care givers belong to
- ② Problems of system
- ③ Difference among individual (care manager)
- ④ Other kind of professional

**Method**

- We observed the meetings and situation of collaboration at one home based care center as preliminary study for two weeks.
- We made a note of the content of the meetings and started to data and extracted and categorized the problem and the advantage.

**Next Challenges**

- It is shown clearly for what kind of function the care manager is asking the meeting as a center of team collaboration. We will carry a qualitative case study of CMs who have held on the protocol meeting. We observe the meetings, then interview for CMs which is built on observation.
- We correlate problems and advantages with quality of care and suggest efficient and effective strategy for collaboration.
- We reveal the problems of nursing care insurance and suggest strategy of revision.