

この研究の OSF・GITHUB を整えておきます。<https://osf.io/cxetp/wiki/home/>>>

<https://github.com/KenjiroShiraishi/explanatory-models-in-tcm> まず OSF の WIKI

に GITHUB リンクを貼りたいです MD 方式で修正原稿下さい>>Applying

Explanatory Models: Using Traditional Medicine Narratives to Support Patients

Without a Diagnosis This OSF project documents a practice-based research

initiative that aims to develop and evaluate a clinical protocol designed to reduce

patient anxiety even in the absence of a definitive biomedical diagnosis. By

integrating traditional medicine frameworks into explanatory models, we explore how

meaning-centered care can be enhanced in everyday practice. 📖 Background and

Aim Patients often feel anxious when their symptoms lack a clear diagnosis. Medical

anthropology, especially Arthur Kleinman's concept of explanatory models, highlights

the importance of culturally and personally meaningful explanations to alleviate

uncertainty. This project explores how structured narratives rooted in traditional

medicine can reduce patient anxiety and restore meaning in the absence of

biomedical diagnosis, extending the clinical application of Arthur Kleinman's

explanatory model. This project seeks to: Develop a protocol to provide patients

with explanations that do not rely solely on biomedical labels. Use traditional

diagnostic concepts (e.g., Liver Qi stagnation, Cold-Heat imbalance, meridian

patterns) to offer an alternative narrative that makes sense of symptoms. Promote

patient agency by incorporating self-care elements and clear care roadmaps. □

Conceptual Framework This project builds on Arthur Kleinman's concept of

explanatory models, which emphasizes how patients, families, and clinicians

understand and narrate illness through culturally shaped frameworks. Traditionally,

explanatory models are elicited from patients—serving as a way for clinicians to

better understand the patient's lived experience. However, in cases where no

biomedical diagnosis is available and the patient lacks a personal explanatory

framework, this project proposes an important extension: → The clinician offers a

culturally intelligible narrative based on traditional medicine concepts to help restore

meaning and reduce anxiety. Rather than imposing a rigid interpretation, the

traditional-medicine-based explanation functions as a narrative scaffold—a way to

give shape to a previously unstructured or unintelligible illness experience. This

positions the clinician not just as a listener, but as a facilitator of meaning, using

culturally resonant language to co-construct a sense of understanding with the

patient. In this sense, the protocol represents a narrative-based clinical application

of Kleinman's explanatory model: → From listening to offering; from extraction to

co-creation. 🛡️ Methods We implement this protocol in an acupuncture and

traditional medicine practice, and collect both quantitative and qualitative feedback from: Patients who receive care under this protocol Healthcare professionals (acupuncturists, traditional medicine practitioners, general practitioners, psychologists) involved in collaborative care Data will be gathered through: Structured surveys (using Likert scales and open-ended questions) Brief follow-up interviews where feasible 🔍 Data and Tools Survey instruments and analysis scripts will be openly shared on our GitHub repository. Preliminary results, thematic

analyses, and any updates to the protocol will be uploaded here on OSF. ☒ Why

Open Science? By sharing our protocol and evaluation openly, we hope to: Enable other practitioners to adapt and test similar approaches Invite critique and improvement from the medical humanities, integrative medicine, and patient advocacy communities Contribute small but meaningful empirical evidence to the

discourse on diagnosis, meaning, and patient-centered care 📌 Background

Inspiration The initial idea for this project was first shared in a public blog post written in Japanese: 📖 Why We Need a Narrative When There's No Diagnosis (Blog post) This blog introduces the practical and emotional context in which patients often struggle with anxiety in the absence of a clear diagnosis. It outlines how traditional narrative frameworks—especially from East Asian medicine—can offer a structured and compassionate explanation that restores meaning. The project documented here builds upon that real-world clinical insight. 📄 Contact For

questions, collaborations, or access to raw qualitative datasets under appropriate agreements, please contact: Kenjiro Shiraishi Tanashi Kitaguchi Acupuncture and Moxa Clinic, Tokyo ✉ Email: kenjiroushiraishi@hotmail.co.jp

ChatGPT:

以下は、OSF Wiki の Markdown フォーマットで GitHub リンクを追加した修正原稿です (リンク挿入済み):

Applying Explanatory Models: Using Traditional Medicine Narratives to Support Patients Without a Diagnosis

This OSF project documents a practice-based research initiative that aims to develop and evaluate a clinical protocol designed to reduce patient anxiety even in the absence of a definitive biomedical diagnosis. By integrating traditional medicine frameworks into explanatory models, we explore how meaning-centered care can be enhanced in everyday practice.

↻ GitHub Repository: [KenjiroShiraishi/explanatory-models-in-tcm](https://github.com/KenjiroShiraishi/explanatory-models-in-tcm)

Background and Aim

Patients often feel anxious when their symptoms lack a clear diagnosis. Medical anthropology, especially Arthur Kleinman's concept of explanatory models, highlights the importance of culturally and personally meaningful explanations to alleviate uncertainty.

This project explores how structured narratives rooted in traditional medicine can reduce patient anxiety and restore meaning in the absence of biomedical diagnosis, extending the clinical application of Arthur Kleinman's explanatory model.

This project seeks to:

- Develop a protocol to provide patients with explanations that do not rely solely on biomedical labels.
- Use traditional diagnostic concepts (e.g., Liver Qi stagnation, Cold-Heat imbalance, meridian patterns) to offer an alternative narrative that makes sense of symptoms.
- Promote patient agency by incorporating self-care elements and clear care roadmaps.

□ Conceptual Framework

This project builds on Arthur Kleinman's concept of explanatory models, which emphasizes how patients, families, and clinicians understand and narrate illness through culturally shaped frameworks.

Traditionally, explanatory models are elicited from patients—serving as a way for clinicians to better understand the patient's lived experience.

However, in cases where no biomedical diagnosis is available and the patient lacks a personal explanatory framework, this project proposes an important extension:

→ **The clinician offers a culturally intelligible narrative based on traditional medicine concepts to help restore meaning and reduce anxiety.**

Rather than imposing a rigid interpretation, the traditional-medicine-based explanation functions as a **narrative scaffold**—a way to give shape to a previously unstructured or unintelligible illness experience.

This positions the clinician not just as a listener, but as a **facilitator of meaning**, using culturally resonant language to co-construct a sense of understanding with the patient.

In this sense, the protocol represents a narrative-based clinical application of Kleinman's explanatory model:

→ *From listening to offering; from extraction to co-creation.*

✚ Methods

We implement this protocol in an acupuncture and traditional medicine practice, and collect both quantitative and qualitative feedback from:

- Patients who receive care under this protocol

- Healthcare professionals (acupuncturists, traditional medicine practitioners, general practitioners, psychologists) involved in collaborative care

Data will be gathered through:

- Structured surveys (using Likert scales and open-ended questions)
 - Brief follow-up interviews where feasible
-

Data and Tools

- Survey instruments and analysis scripts will be openly shared on our [GitHub repository](#)
 - Preliminary results, thematic analyses, and any updates to the protocol will be uploaded here on OSF.
-

Why Open Science?

By sharing our protocol and evaluation openly, we hope to:

- Enable other practitioners to adapt and test similar approaches
 - Invite critique and improvement from the medical humanities, integrative medicine, and patient advocacy communities
 - Contribute small but meaningful empirical evidence to the discourse on diagnosis, meaning, and patient-centered care
-

Background Inspiration

The initial idea for this project was first shared in a public blog post written in Japanese:

Why We Need a Narrative When There's No Diagnosis (Blog post)

This blog introduces the practical and emotional context in which patients often struggle with anxiety in the absence of a clear diagnosis. It outlines how traditional narrative frameworks—especially from East Asian medicine—can offer a structured and compassionate explanation that restores meaning.

The project documented here builds upon that real-world clinical insight.

Contact

Kenjiro Shiraishi

Tanashi Kitaguchi Acupuncture and Moxa Clinic, Tokyo

✉ Email: kenjiroushiraishi@hotmail.co.jp

必要に応じて、他セクションに埋め込む形式でも再調整可能です。何か追加・削除の希望があればお知らせください。

あなた:

MD 方式でください

ChatGPT:

こちらが Markdown (MD) 形式で整えた内容です。OSF Wiki にそのまま貼り付け可能です。

markdown

コピーする編集する

Applying Explanatory Models: Using Traditional Medicine Narratives to Support Patients Without a Diagnosis

This OSF project documents a practice-based research initiative that aims to develop and evaluate a clinical protocol designed to reduce

patient anxiety even in the absence of a definitive biomedical diagnosis. By integrating traditional medicine frameworks into explanatory models, we explore how meaning-centered care can be enhanced in everyday practice.

🔗 ****GitHub Repository****: [KenjiroShiraishi/explanatory-models-in-tcm] (<https://github.com/KenjiroShiraishi/explanatory-models-in-tcm>)

🏠 Background and Aim

Patients often feel anxious when their symptoms lack a clear diagnosis. Medical anthropology, especially Arthur Kleinman's concept of explanatory models, highlights the importance of culturally and personally meaningful explanations to alleviate uncertainty.

This project explores how structured narratives rooted in traditional medicine can reduce patient anxiety and restore meaning in the absence of biomedical diagnosis, extending the clinical application of Arthur Kleinman's explanatory model.

****This project seeks to:****

- Develop a protocol to provide patients with explanations that do not rely solely on biomedical labels.
- Use traditional diagnostic concepts (e.g., Liver Qi stagnation, Cold-Heat imbalance, meridian patterns) to offer an alternative narrative that makes sense of symptoms.
- Promote patient agency by incorporating self-care elements and clear care roadmaps.

🏠 Conceptual Framework

This project builds on Arthur Kleinman's concept of explanatory models, which emphasizes how patients, families, and clinicians understand and narrate illness through culturally shaped frameworks.

Traditionally, explanatory models are elicited from patients—serving as a way for clinicians to better understand the patient's lived experience.

However, in cases where no biomedical diagnosis is available and the patient lacks a personal explanatory framework, this project proposes an important extension:

→ **The clinician offers a culturally intelligible narrative based on traditional medicine concepts to help restore meaning and reduce anxiety.**

Rather than imposing a rigid interpretation, the traditional-medicine-based explanation functions as a **narrative scaffold**—a way to give shape to a previously unstructured or unintelligible illness experience.

This positions the clinician not just as a listener, but as a **facilitator of meaning**, using culturally resonant language to co-construct a sense of understanding with the patient.

> In this sense, the protocol represents a narrative-based clinical application of Kleinman's explanatory model:

> → **From listening to offering; from extraction to co-creation.**

Methods

We implement this protocol in an acupuncture and traditional medicine practice, and collect both quantitative and qualitative feedback from:

- Patients who receive care under this protocol
- Healthcare professionals (acupuncturists, traditional medicine practitioners, general practitioners, psychologists) involved in collaborative care

Data will be gathered through:

- Structured surveys (using Likert scales and open-ended questions)
- Brief follow-up interviews where feasible

🔍 Data and Tools

- Survey instruments and analysis scripts will be openly shared on our ****[GitHub repository]** (<https://github.com/KenjiroShiraishi/explanatory-models-in-tcm>) ******.
- Preliminary results, thematic analyses, and any updates to the protocol will be uploaded here on OSF.

📖 Why Open Science?

By sharing our protocol and evaluation openly, we hope to:

- Enable other practitioners to adapt and test similar approaches
- Invite critique and improvement from the medical humanities, integrative medicine, and patient advocacy communities
- Contribute small but meaningful empirical evidence to the discourse on diagnosis, meaning, and patient-centered care

📖💡 Background Inspiration

The initial idea for this project was first shared in a public blog post written in Japanese:

📖 [Why We Need a Narrative When There's No Diagnosis (Blog post)] (<https://jikutiryououdan.com/tanashi/blog/14802/>)

This blog introduces the practical and emotional context in which patients often struggle with anxiety in the absence of a clear diagnosis. It outlines how traditional narrative frameworks—especially from East Asian medicine—can offer a structured and compassionate explanation that restores meaning.

The project documented here builds upon that real-world clinical insight.

📄 Contact

****Kenjiro Shiraishi****


Tanashi Kitaguchi Acupuncture and Moxa Clinic, Tokyo

✉ Email: kenjiroushiraishi@hotmail.co.jp

必要に応じて、他セクションと統合・分割も可能です。ご希望があれば調整します。

あなた:

Github のタイトルが TCM になっているけど TCM だけではなくあらゆる伝統医学を想定しているということを説明に加えたいです。 >> 以下現状原稿です 修正して MD 方式でください >> Explanatory Models in Traditional Medicine This repository supports the open research project “Applying Explanatory Models: Using Traditional Medicine Narratives to Support Patients Without a Diagnosis”, which explores how culturally rooted narratives based on traditional medicine frameworks can reduce patient anxiety and enhance meaning-centered care—especially in cases where biomedical diagnosis remains unclear. 📖 Project Overview Use traditional diagnostic frameworks (e.g., Liver Qi stagnation, Cold-Heat imbalance, meridian-based assessments) to offer culturally resonant explanations for symptoms. Promote patient agency through explanatory models, self-care strategies, and clearly structured care roadmaps. Implemented in acupuncture and traditional medicine clinical settings with real-world feedback collection. 📄 Data and Tools Clinical protocol (under development) Patient and clinician surveys (Likert + open-ended) Thematic analysis scripts (forthcoming) Visual frameworks such as the Three Domains Model here 🌐 Related OSF Project You can find the corresponding OSF project here. 📄 License This project is licensed under the Creative Commons Attribution 4.0 International License (CC BY 4.0). You are free to share and adapt the materials for any purpose, even commercially, as long as appropriate credit is given. 🌱 Background Inspiration The initial idea for this project was first shared in a public blog post written in Japanese: 📄 Why We Need a Narrative When There’s No Diagnosis (Blog post) This blog introduces the practical and emotional context in which patients often struggle with anxiety in the absence of a clear diagnosis. It outlines how traditional narrative frameworks—especially from East Asian medicine—

can offer a structured and compassionate explanation that restores meaning. The project documented here builds upon that real-world clinical insight.  Contact Kenjiro Shiraishi Tanashi Kitaguchi Acupuncture and Moxa Clinic, Tokyo Email: kenjiroushiraishi@hotmail.co.jp About A research project integrating Traditional Medicine into patient explanations to support care when diagnosis is uncertain. Includes protocols, tools, and open data. Resources Readme License View license Activity Stars 0 stars Watchers 0 watching Forks 0 forks Releases No releases published Create a new release Packages No packages published Publish your first package Footer © 2025 GitHub, Inc. Footer navigation Terms Privacy Security S

ChatGPT:


以下は、「TCMに限定せず、広義の伝統医学(Traditional Medicine)」を対象とする旨を明記した修正版の README 用 Markdown です:

markdown

コピーする編集する

Explanatory Models in Traditional Medicine

This repository supports the open research project **“Applying Explanatory Models: Using Traditional Medicine Narratives to Support Patients Without a Diagnosis”**, which explores how culturally rooted narratives based on traditional medicine frameworks can reduce patient anxiety and enhance meaning-centered care—especially in cases where biomedical diagnosis remains unclear.

>  **Note**: While many examples draw from Traditional Chinese Medicine (TCM), this project is not limited to TCM alone. We aim to explore and incorporate explanatory models from a broad range of traditional medicine systems—including East Asian, Ayurvedic, Kampo, and other culturally embedded medical frameworks.

 Project Overview

- Use traditional diagnostic frameworks (e.g., Liver Qi stagnation, Cold-Heat imbalance, meridian-based assessments) to offer culturally resonant explanations for symptoms.
- Promote patient agency through explanatory models, self-care strategies, and clearly structured care roadmaps.
- Implemented in acupuncture and traditional medicine clinical settings with real-world feedback collection.

☐ Data and Tools

- Clinical protocol (under development)
- Patient and clinician surveys (Likert + open-ended)
- Thematic analysis scripts (forthcoming)
- Visual frameworks such as the *Three Domains Model*

🌐 Related OSF Project

You can find the corresponding OSF project here:

👉 [OSF Project - Applying Explanatory Models] (<https://osf.io/cxetp/wiki/home/>)

🐾 License

This project is licensed under the ****Creative Commons Attribution 4.0 International License (CC BY 4.0)****.

You are free to share and adapt the materials for any purpose, even commercially, as long as appropriate credit is given.

🌱 Background Inspiration

The initial idea for this project was first shared in a public blog post written in Japanese:

📖 [Why We Need a Narrative When There's No Diagnosis (Blog post)] (<https://jikutiryousoudan.com/tanashi/blog/14802/>)

This blog introduces the practical and emotional context in which patients often struggle with anxiety in the absence of a clear diagnosis. It outlines how traditional narrative frameworks—especially from East Asian medicine—can offer a structured and compassionate explanation that restores meaning.

The project documented here builds upon that real-world clinical insight.

📧 Contact

****Kenjiro Shiraishi****

Tanashi Kitaguchi Acupuncture and Moxa Clinic, Tokyo

✉ Email: kenjiroushiraishi@hotmail.co.jp

About

A research project integrating ****traditional medicine (broadly defined)**** into patient explanations to support care when diagnosis is uncertain. Includes protocols, tools, and open data.

Resources

- [README] (. /README.md)
- [License] (. /LICENSE)

© 2025 Kenjiro Shiraishi.

Hosted on GitHub. Licensed under CC BY 4.0.

この修正では、冒頭に「TCM に限定しない」ことを明示し、Note ブロックで明確に説明しています。また、About やライセンスセクションでもその点を反映しています。

必要に応じて、Kampo, Ayurveda, Unani, Tibetan medicine など具体的に挙げることも可能です。ご希望あればさらに調整します。

あなた:

このプロジェクトにも AI ポリシー書きたいんだけど内容はこれと同じでいいと思ってる
その場合リンク張ればいい?? <https://github.com/KenjiroShiraishi/ai-use-policy-in-scholarly-writing>

ChatGPT:

はい、その場合はリンクを張るだけで十分です。すでに明示的で汎用的な AI 使用ポリシーが別リポジトリにまとまっているので、そちらに誘導すれば OK です。

ただし、他の人がこのプロジェクト単体を見たときに何のためのリンクかが分かるように、以下のようなセクションを README の最後に加えるのがベストです。

□ AI Use Policy

This project may utilize AI tools (e.g., large language models) for tasks such as survey drafting, conceptual structuring, and translation assistance. For full transparency and reproducibility, we adhere to the principles outlined in our AI use policy:

🔗 [AI Use Policy for Scholarly Writing and Research Transparency](#)

All AI-generated content has been reviewed and curated by the project lead to ensure conceptual integrity and ethical accountability.

または日本語と併記するなら:

markdown

コピーする編集する

□ AI Use Policy (AI 使用ポリシー)

本プロジェクトでは、調査票の草案作成、概念整理、翻訳補助などの目的で AI ツール（例：大規模言語モデル）を活用しています。使用の透明性と再現性を確保するため、以下のポリシーに準拠しています：

🔗 [AI Use Policy for Scholarly Writing and Research Transparency] (<https://github.com/KenjiroShiraishi/ai-use-policy-in-scholarly-writing>)

すべての AI 生成コンテンツは、概念的整合性と倫理的責任を担保するため、プロジェクト責任者による確認と修正を経ています。

必要に応じてこの形式で README に組み込みますか？

あなた:

いやこれにその英語文章とリンク足せばいいやろ これに足した原稿を MD 方式でください>>□\$ Notes for Participating Clinicians and Researchers This project is part of an open science initiative and may lead to peer-reviewed publication. If you participate in data collection, protocol refinement, or interpretation of results, you may be invited to become a co-author on future academic outputs. All authorship decisions will follow international standards (e.g., ICMJE guidelines), which require: Substantial contribution to the conception, design, data, or interpretation Approval of the final draft Accountability for the integrity of the work If you cannot meet these standards, your contribution will still be acknowledged appropriately in the publication. ♡ Handling of Survey Responses (Data Privacy Notice) After downloading and printing the questionnaire, please anonymize all responses before

digitizing them (e.g., by scanning as PDF). Submit the anonymized PDF to the project leader via a secure method (such as email). Each participating practitioner is responsible for securely storing and managing the original paper forms collected from patients. Do not upload any personally identifiable information to public platforms or unsecured cloud services. If you are unsure about anonymization procedures or have any concerns about data handling, please consult the project leader before proceeding. ♣ Note: Please contact the project lead before independently reproducing or modifying any aspect of the protocol. Collaboration and adaptation are welcome, but transparency is essential.

ChatGPT:

以下は、あなたの提供した既存 Markdown に AI 使用ポリシーの英語文とリンクを追加した完全版 Markdown です:

markdown

コピーする編集する

□\$ Notes for Participating Clinicians and Researchers

This project is part of an open science initiative and may lead to peer-reviewed publication.

If you participate in data collection, protocol refinement, or interpretation of results, you may be invited to become a co-author on future academic outputs.

All authorship decisions will follow international standards (e.g., ICMJE guidelines), which require:

- Substantial contribution to the conception, design, data, or interpretation
- Approval of the final draft
- Accountability for the integrity of the work

If you cannot meet these standards, your contribution will still be acknowledged appropriately in the publication.

🛡 Handling of Survey Responses (Data Privacy Notice)

- After downloading and printing the questionnaire, please anonymize all responses before digitizing them (e.g., by scanning as PDF).
- Submit the anonymized PDF to the project leader via a secure method (such as email).
- Each participating practitioner is responsible for securely storing and managing the original paper forms collected from patients.
- Do not upload any personally identifiable information to public platforms or unsecured cloud services.
- If you are unsure about anonymization procedures or have any concerns about data handling, please consult the project leader before proceeding.

◆ ****Note****: Please contact the project lead before independently reproducing or modifying any aspect of the protocol. Collaboration and adaptation are welcome, but transparency is essential.

📄 AI Use Policy

This project may utilize AI tools (e.g., large language models) for tasks such as survey drafting, conceptual structuring, and translation assistance.

For full transparency and reproducibility, we adhere to the principles outlined in our AI use policy:

📄 [AI Use Policy for Scholarly Writing and Research Transparency] (<https://github.com/KenjiroShiraishi/ai-use-policy-in-scholarly-writing>)

All AI-generated content has been reviewed and curated by the project lead to ensure conceptual integrity and ethical accountability.

このまま README.md または Wiki の該当セクションに貼り付けて使えます。表記や表現のトーンを調整したい場合もご相談ください。

あなた:

あとは責任問題について言及しなくていい？たとえばさ、これもし、こちらの指示通り普通に研究データ集めてて自分の施設で患者とトラブルになった場合はそいつの責任やろ。それか書かないでいい？

ChatGPT:

非常に重要な視点です。そのような責任の所在に関する明確化は、オープンサイエンスや共同研究でのトラブルを防ぐ上で有効です。特にこのプロジェクトのように「自施設での実施」を前提とする場合、

- 倫理的責任・説明責任は各自にある
- このプロトコルの使用は任意であり、現場の判断が必要
- 患者トラブルなどへの対応責任はプロジェクト全体では負わない

という点を明記しておくのは推奨されます。

以下に、既存 Markdown に付け加える形での英文の責任明記セクションを用意しました:

🚫 Disclaimer and Responsibility

All participating clinicians and institutions are independently responsible for the ethical and legal implementation of this protocol in their respective settings.

This includes:

- Ensuring informed consent and patient safety
- Adhering to local laws, institutional policies, and professional standards

- Handling patient communications, adverse events, or complaints

Note: This protocol is offered as an open-source resource. The project lead and contributors do not assume liability for any disputes, harms, or legal issues arising from its use in individual clinical contexts.

If you are unsure whether this protocol is appropriate for your clinical setting, we recommend consulting with your institutional ethics board or legal advisor before implementation.

これを上記の Notes for Participating Clinicians の後ろ、あるいは AI Use Policy の前に挿入するのが自然です。必要に応じて日本語併記版も提供可能です。どうしますか？

あなた:

では MD ください

ChatGPT:

以下が、責任の明確化を加えた完全な Markdown (MD) 原稿です。既存のセクションに自然に統合しています:

markdown

コピーする編集する

□\$ Notes for Participating Clinicians and Researchers

This project is part of an open science initiative and may lead to peer-reviewed publication.

If you participate in data collection, protocol refinement, or interpretation of results, you may be invited to become a co-author on future academic outputs.

All authorship decisions will follow international standards (e.g., ICMJE guidelines), which require:

- Substantial contribution to the conception, design, data, or interpretation
- Approval of the final draft
- Accountability for the integrity of the work

If you cannot meet these standards, your contribution will still be acknowledged appropriately in the publication.

🍷 Handling of Survey Responses (Data Privacy Notice)

- After downloading and printing the questionnaire, please anonymize all responses before digitizing them (e.g., by scanning as PDF).
- Submit the anonymized PDF to the project leader via a secure method (such as email).
- Each participating practitioner is responsible for securely storing and managing the original paper forms collected from patients.
- Do not upload any personally identifiable information to public platforms or unsecured cloud services.
- If you are unsure about anonymization procedures or have any concerns about data handling, please consult the project leader before proceeding.

◆ ****Note****: Please contact the project lead before independently reproducing or modifying any aspect of the protocol. Collaboration and adaptation are welcome, but transparency is essential.

🍷 Disclaimer and Responsibility

All participating clinicians and institutions are independently responsible for the ethical and legal implementation of this protocol in their respective settings.

This includes:

- Ensuring informed consent and patient safety
- Adhering to local laws, institutional policies, and professional standards
- Handling patient communications, adverse events, or complaints

> **Note**: This protocol is offered as an open-source resource. The project lead and contributors do not assume liability for any disputes, harms, or legal issues arising from its use in individual clinical contexts.

If you are unsure whether this protocol is appropriate for your clinical setting, we recommend consulting with your institutional ethics board or legal advisor before implementation.

☐ AI Use Policy

This project may utilize AI tools (e.g., large language models) for tasks such as survey drafting, conceptual structuring, and translation assistance.

For full transparency and reproducibility, we adhere to the principles outlined in our AI use policy:

🔗 [AI Use Policy for Scholarly Writing and Research Transparency] (<https://github.com/KenjiroShiraishi/ai-use-policy-in-scholarly-writing>)

All AI-generated content has been reviewed and curated by the project lead to ensure conceptual integrity and ethical accountability.

このまま README.md や OSF/GitHub Wiki に貼り付けて利用できます。もし日本語併記が必要でしたら、いつでも対応します。

あなた:

□\$ Notes for Participating Clinicians and Researchers This project is part of an open science initiative and may lead to peer-reviewed publication. If you participate in data collection, protocol refinement, or interpretation of results, you may be invited to become a co-author on future academic outputs. All authorship decisions will follow international standards (e.g., ICMJE guidelines), which require: Substantial contribution to the conception, design, data, or interpretation Approval of the final draft Accountability for the integrity of the work If you cannot meet these standards, your contribution will still be acknowledged appropriately in the publication. ☹ Handling of Survey Responses (Data Privacy Notice) After downloading and printing the questionnaire, please anonymize all responses before digitizing them (e.g., by scanning as PDF). Submit the anonymized PDF to the project leader via a secure method (such as email). Each participating practitioner is responsible for securely storing and managing the original paper forms collected from patients. Do not upload any personally identifiable information to public platforms or unsecured cloud services. If you are unsure about anonymization procedures or have any concerns about data handling, please consult the project leader before proceeding. ⚡ Note: Please contact the project lead before independently reproducing or modifying any aspect of the protocol. Collaboration and adaptation are welcome, but transparency is essential. □\$ Notes for Participating Clinicians and Researchers This project is part of an open science initiative and may lead to peer-reviewed publication. If you participate in data collection, protocol refinement, or interpretation of results, you may be invited to become a co-author on future academic outputs. All authorship decisions will follow international standards (e.g., ICMJE guidelines), which require: Substantial contribution to the conception, design, data, or interpretation Approval of the final draft Accountability for the integrity of the work If you cannot meet these standards, your contribution will still be acknowledged appropriately in the publication. ☹ Handling of Survey Responses (Data Privacy Notice) After downloading and printing the questionnaire, please anonymize all responses before digitizing them (e.g., by scanning as PDF). Submit the anonymized PDF to the project leader via a secure method (such as email). Each participating practitioner is responsible for securely storing and managing the original paper forms collected from patients. Do not upload any

personally identifiable information to public platforms or unsecured cloud services. If you are unsure about anonymization procedures or have any concerns about data handling, please consult the project leader before proceeding. ♣ Note: Please contact the project lead before independently reproducing or modifying any aspect of the protocol. Collaboration and adaptation are welcome, but transparency is essential. 🗸 Disclaimer and Responsibility All participating clinicians and institutions are independently responsible for the ethical and legal implementation of this protocol in their respective settings. This includes: Ensuring informed consent and patient safety Adhering to local laws, institutional policies, and professional standards Handling patient communications, adverse events, or complaints Note: This protocol is offered as an open-source resource. The project lead and contributors do not assume liability for any disputes, harms, or legal issues arising from its use in individual clinical contexts. If you are unsure whether this protocol is appropriate for your clinical setting, we recommend consulting with your institutional ethics board or legal advisor before implementation. □ AI Use Policy This project may utilize AI tools (e.g., large language models) for tasks such as survey drafting, conceptual structuring, and translation assistance. For full transparency and reproducibility, we adhere to the principles outlined in our AI use policy: 📄 AI Use Policy for Scholarly Writing and Research Transparency All AI-generated content has been reviewed and curated by the project lead to ensure conceptual integrity and ethical accountability. □ AI Use Policy This project may utilize AI tools (e.g., large language models) for tasks such as survey drafting, conceptual structuring, and translation assistance. For full transparency and reproducibility, we adhere to the principles outlined in our AI use policy: 📄 AI Use Policy for Scholarly Writing and Research Transparency All AI-generated content has been reviewed and curated by the project lead to ensure conceptual integrity and ethical accountability. >>これでいい??

ChatGPT:

内容としてはほぼ完璧ですが、以下の点だけ整理すればより明確でプロフェッショナルな Markdown 文書になります:

✓ 修正ポイント:

1. 同じセクションが重複している
→ □\$ Notes for Participating Clinicians and Researchers と □ AI Use Policy が 2 回繰り返されています。片方を削除しましょう。
2. AI ポリシーのリンクはマークダウン形式で書くとより自然
→ [AI Use Policy for Scholarly Writing and Research Transparency] (<https://github.com/KenjiroShiraishi/ai-use-policy-in-scholarly-writing>)
3. 「Note:」の部分は引用形式(>))にすると目立ちます。

＊ 修正後の最終版(Markdown)

markdown

コピーする編集する

□\$ Notes for Participating Clinicians and Researchers

This project is part of an open science initiative and may lead to peer-reviewed publication.

If you participate in data collection, protocol refinement, or interpretation of results, you may be invited to become a co-author on future academic outputs.

All authorship decisions will follow international standards (e.g., ICMJE guidelines), which require:

- Substantial contribution to the conception, design, data, or interpretation
- Approval of the final draft
- Accountability for the integrity of the work

If you cannot meet these standards, your contribution will still be acknowledged appropriately in the publication.

🛡 Handling of Survey Responses (Data Privacy Notice)

- After downloading and printing the questionnaire, please anonymize all responses before digitizing them (e.g., by scanning as PDF).
- Submit the anonymized PDF to the project leader via a secure method (such as email).
- Each participating practitioner is responsible for securely storing and managing the original paper forms collected from patients.
- Do not upload any personally identifiable information to public platforms or unsecured cloud services.
- If you are unsure about anonymization procedures or have any concerns about data handling, please consult the project leader before proceeding.

> 💡 ****Note****: Please contact the project lead before independently reproducing or modifying any aspect of the protocol. Collaboration and adaptation are welcome, but transparency is essential.

🚫 Disclaimer and Responsibility

All participating clinicians and institutions are independently responsible for the ethical and legal implementation of this protocol in their respective settings.

This includes:

- Ensuring informed consent and patient safety
- Adhering to local laws, institutional policies, and professional standards
- Handling patient communications, adverse events, or complaints

> ****Note****: This protocol is offered as an open-source resource. The project lead and contributors do not assume liability for any

disputes, harms, or legal issues arising from its use in individual clinical contexts.

If you are unsure whether this protocol is appropriate for your clinical setting, we recommend consulting with your institutional ethics board or legal advisor before implementation.

□ AI Use Policy

This project may utilize AI tools (e.g., large language models) for tasks such as survey drafting, conceptual structuring, and translation assistance.

For full transparency and reproducibility, we adhere to the principles outlined in our AI use policy:

🔗 [AI Use Policy for Scholarly Writing and Research Transparency] (<https://github.com/KenjiroShiraishi/ai-use-policy-in-scholarly-writing>)

All AI-generated content has been reviewed and curated by the project lead to ensure conceptual integrity and ethical accountability.

この形で OSF Wiki にも GitHub にも安心して貼れます。必要なら日本語版も併記します！

あなた:

これでいい?? >> □\$ Notes for Participating Clinicians and Researchers This project is part of an open science initiative and may lead to peer-reviewed publication. If you participate in data collection, protocol refinement, or interpretation of results, you may be invited to become a co-author on future academic outputs. All authorship decisions will follow international standards (e.g., ICMJE guidelines), which require: Substantial contribution to the conception, design, data, or interpretation Approval of the final draft Accountability for the integrity of

the work. If you cannot meet these standards, your contribution will still be acknowledged appropriately in the publication.

📄 **Handling of Survey Responses (Data Privacy Notice)** After downloading and printing the questionnaire, please anonymize all responses before digitizing them (e.g., by scanning as PDF). Submit the anonymized PDF to the project leader via a secure method (such as email). Each participating practitioner is responsible for securely storing and managing the original paper forms collected from patients. Do not upload any personally identifiable information to public platforms or unsecured cloud services. If you are unsure about anonymization procedures or have any concerns about data handling, please consult the project leader before proceeding.

📌 **Note:** Please contact the project lead before independently reproducing or modifying any aspect of the protocol. Collaboration and adaptation are welcome, but transparency is essential.

⚠️ **Disclaimer and Responsibility** All participating clinicians and institutions are independently responsible for the ethical and legal implementation of this protocol in their respective settings. This includes: Ensuring informed consent and patient safety. Adhering to local laws, institutional policies, and professional standards. Handling patient communications, adverse events, or complaints. **Note:** This protocol is offered as an open-source resource. The project lead and contributors do not assume liability for any disputes, harms, or legal issues arising from its use in individual clinical contexts. If you are unsure whether this protocol is appropriate for your clinical setting, we recommend consulting with your institutional ethics board or legal advisor before implementation.

🤖 **AI Use Policy** This project may utilize AI tools (e.g., large language models) for tasks such as survey drafting, conceptual structuring, and translation assistance. For full transparency and reproducibility, we adhere to the principles outlined in our AI use policy: 📄 **AI Use Policy for Scholarly Writing and Research Transparency** All AI-generated content has been reviewed and curated by the project lead to ensure conceptual integrity and ethical accountability.

ChatGPT:

内容としては非常に良くまとまっており、倫理・責任・データ取り扱い・著者資格・AI 利用方針の全てをカバーしています。ほぼこのまま使って問題ありませんが、いくつかだけ Markdown 的な最終調整と表現の微修正をおすすめします：

✓ 最終チェック&微修正案(そのまま MD で使用可)

markdown

コピーする編集する

☐ Notes for Participating Clinicians and Researchers

This project is part of an open science initiative and may lead to peer-reviewed publication.

If you participate in data collection, protocol refinement, or interpretation of results, you may be invited to become a co-author on future academic outputs.

All authorship decisions will follow international standards (e.g., ICMJE guidelines), which require:

- Substantial contribution to the conception, design, data, or interpretation
- Approval of the final draft
- Accountability for the integrity of the work

If you cannot meet these standards, your contribution will still be acknowledged appropriately in the publication.

☹ Handling of Survey Responses (Data Privacy Notice)

- After downloading and printing the questionnaire, please anonymize all responses before digitizing them (e.g., by scanning as PDF).
- Submit the anonymized PDF to the project leader via a secure method (such as email).
- Each participating practitioner is responsible for securely storing and managing the original paper forms collected from patients.

- Do not upload any personally identifiable information to public platforms or unsecured cloud services.
- If you are unsure about anonymization procedures or have any concerns about data handling, please consult the project leader before proceeding.

> 📌 ****Note****: Please contact the project lead before independently reproducing or modifying any aspect of the protocol. Collaboration and adaptation are welcome, but transparency is essential.

🛡️ Disclaimer and Responsibility

All participating clinicians and institutions are independently responsible for the ethical and legal implementation of this protocol in their respective settings.

This includes:

- Ensuring informed consent and patient safety
- Adhering to local laws, institutional policies, and professional standards
- Handling patient communications, adverse events, or complaints

> ****Note****: This protocol is offered as an open-source resource. The project lead and contributors do not assume liability for any disputes, harms, or legal issues arising from its use in individual clinical contexts.

If you are unsure whether this protocol is appropriate for your clinical setting, we recommend consulting with your institutional ethics board or legal advisor before implementation.

□ AI Use Policy

This project may utilize AI tools (e.g., large language models) for tasks such as survey drafting, conceptual structuring, and translation assistance.

For full transparency and reproducibility, we adhere to the principles outlined in our AI use policy:

🔗 [AI Use Policy for Scholarly Writing and Research Transparency] (<https://github.com/KenjiroShiraishi/ai-use-policy-in-scholarly-writing>)

All AI-generated content has been reviewed and curated by the project lead to ensure conceptual integrity and ethical accountability.

🔧 変更点まとめ

- 箇条書きの部分に - を追加 (Markdown レンダリング対応)
 - “Note:” は引用形式 > にして視認性向上
 - リンクを [テキスト] (URL) 形式に修正
 - セクションごとに --- で区切って構造明示
-

この状態で OSF Wiki にも GitHub README にもそのまま貼って使用可能です。必要であれば日本語併記バージョンや日本語完全翻訳も作成できます。

あなた:

ああ、リンク張ってあるから大丈夫です

ChatGPT:


了解です、完璧です！

✓ リンクも明示的に貼ってある

✓ 責任・著者資格・プライバシー・AI 使用方針すべて網羅

✓ Markdown としても構造 OK

このまま OSF や GitHub にアップして問題ありません。

また何か調整あればいつでもどうぞ。応援してます！ 

あなた:

これイメージ的には簡単な契約書を PDF でつくって参加者にはプリントアウトしてサインしてもらったものを祖茂生メールで送り返してもらうこと想定してるけどそれでいい??

ChatGPT:

はい、その運用は非常に現実的かつ適切です。以下の点で問題ありません:

✓ その方法のメリット:

- 文書による合意が残る(法的な拘束力まではなくとも、責任範囲の明示に役立つ)
 - 署名付き PDF を保存できる(透明性と後日のトラブル防止に有効)
 - 紙+PDF の組み合わせなので、デジタル環境に不慣れな参加者にも対応可能
 - メールで返送してもらえば、GitHub や OSF にアップしなくても管理できる
-

■ 契約書っぽい PDF に含めるべき基本要素(要望あればテンプレ作ります)

1. プロジェクト名・責任者名・連絡先
2. 目的と役割(何に参加するのか)
3. データ管理の責任が施設側にあること
4. プロトコルの改変や配布には連絡が必要なこと
5. 著者資格と謝辞の条件

6. AI 使用に関する透明性の同意(簡単に)
 7. 最終責任は各施設にあること
 8. 署名欄(氏名・施設名・日付・サイン)
-

✉ 想定フロー

1. あなたが PDF 化して、メール添付で配布
 2. 相手が印刷して署名 → スキャン or 写真で PDF 化
 3. メールで返送
 4. あなたが保管(ローカル or クラウド)
-

＊ 注意点(もし将来査読者に聞かれたら)

- ・「倫理審査通してないの？」と聞かれることがあります
→ その場合、「観察研究で個人情報を外部公開せず、オープンサイエンスの枠組みで責任を明確化する文書に基づいて行っています」と説明可能です。
-

必要であれば、**1 枚モノの英語 PDF 契約書テンプレート(MD 形式または Word でも可)**を作成します。どうしますか？

あなた:

まずは日本語でください

ChatGPT:

了解しました。以下は、**このプロジェクト参加者向けの簡易契約書(同意書)テンプレート(日本語)**です。PDF 化前提で Word や Google Docs にも転記可能な形式でお渡しします。構成は 1 ページで収まる想定です。

■ 伝統医学における説明モデル実践プロジェクト 参加 同意書(研究協力者用)

プロジェクト名:

伝統医学における説明モデルを用いた診断不確定時の不安軽減に関する実践研究

責任者:

白石健二郎(田無北口鍼灸院)

連絡先:

kenjiroushiraishi@hotmail.co.jp

【1】プロジェクトの概要

本プロジェクトは、明確な診断がつかない場合でも、伝統医学の枠組みに基づいた説明(例: 気の停滞、寒熱のバランスなど)を通じて患者の不安を軽減し、ケアの意味づけを支援することを目的としています。

本プロトコルは、オープンサイエンスの理念に基づき公開されており、医療人類学的な枠組みに沿った臨床実践と評価を行います。

【2】研究協力者の役割と責任

- ・ 自施設にてプロトコルの一部または全部を任意に実施することができます。
- ・ アンケート用紙等を患者に配布し、回収・匿名化後、PDF 化してプロジェクト責任者に返送してください。
- ・ プロトコルの改変・転載を希望する場合は、事前に責任者にご連絡ください。
- ・ 本プロジェクトでの実施に関わる倫理的・法的責任(インフォームド・コンセント、患者安全、苦情対応など)は、各自の施設に帰属します。

【3】成果公開と著者資格について

- 本プロジェクトの成果はプレプリントまたは査読付き論文として公開される可能性があります。
- データ収集やプロトコル改良、結果の解釈に実質的に貢献された方には、ICMJE ガイドラインに基づき共著としての参加をご相談させていただきます。
- 上記に該当しない場合も、謝辞にて貢献を明記します。

【4】AI ツールの使用に関して

本プロジェクトでは、調査票の文案作成・翻訳補助・構造設計などに AI(大規模言語モデル)を活用することがあります。

その使用はすべて透明性・再現性を重視した方針に則って行われており、詳細は以下の方針ページをご参照ください:

[AI 使用ポリシー \(GitHub\)](#)

【5】同意署名欄

下記内容を理解し、上記プロジェクトへの参加に同意します。

氏名 所属機関名 署名 日付

📝 備考

この同意書に署名の上、スキャンまたは写真を PDF 化し、責任者までメールにてご送付ください。

必要であれば Word 形式または Markdown 形式でも提供できます。PDF 化される際のレイアウトも対応可能です。どうされますか？

あなた:

取りあえずこれで仮アップするか？ 英語と日本語版を原稿ください

ChatGPT:

了解です。以下に日本語版・英語版を並記した同意書テンプレート原稿を用意しました。OSF や GitHub に仮アップできるよう、Markdown 形式で記述しています (PDF 化も簡単です)。

✓ 研究参加同意書テンプレート (Markdown)

markdown

コピーする編集する

📄 説明モデル実践プロジェクト参加同意書 / Participation Agreement:
Explanatory Models in Traditional Medicine

日本語版 (Japanese Version)

****プロジェクト名:****

伝統医学における説明モデルを用いた診断不確定時の不安軽減に関する実践研究

****責任者:****

白石健二郎 (田無北口鍼灸院)

✉ kenjiroushiraishi@hotmail.co.jp

【1】プロジェクト概要

本プロジェクトは、明確な診断がつかない場合においても、伝統医学に基づいた説明を用いることで、患者の不安を軽減し、ケアの意味づけを支援することを目的としています。

【2】協力者の役割と責任

- 自施設にて本プロトコルを任意で実施できます。
- アンケートの回収・匿名化・PDF 化を行い、責任者にメールで提出してください。
- 本プロトコルの改変・再配布を希望する場合は、事前にご連絡ください。
- 倫理的・法的責任（インフォームド・コンセント、苦情対応など）は各施設が負います。

【3】 成果公開と著者資格

- 成果は査読付き論文またはプレプリントとして公開される可能性があります。
- 実質的貢献のある方には、ICMJE 基準に基づき共著をご相談します。
- その他の貢献は謝辞として明記されます。

【4】 AI 使用について

調査票の草案、翻訳支援などに AI（大規模言語モデル）を使用する場合があります。

詳細は以下の方針をご確認ください：

🔗 [AI 使用ポリシー (GitHub)] (<https://github.com/KenjiroShiraishi/ai-use-policy-in-scholarly-writing>)

【5】 署名欄

下記の内容を理解し、プロジェクトへの参加に同意します。

氏名	所属機関名	署名	日付
-----	-----	-----	-----

English Version

****Project Title:****

A Practice-Based Study on Using Explanatory Models in Traditional Medicine to Reduce Anxiety When Diagnosis Is Unclear

****Principal Investigator:****

Kenjiro Shiraishi (Tanashi Kitaguchi Acupuncture and Moxa Clinic)
✉ kenjiroushiraishi@hotmail.co.jp

1. Project Overview

This project explores how using explanatory models rooted in traditional medicine (e.g., Qi stagnation, Cold-Heat balance) can reduce patient anxiety and restore meaning when biomedical diagnosis is unclear.

2. Responsibilities of Participating Clinicians

- You may choose to implement this protocol partially or fully in your own clinical setting.
- Please collect and anonymize patient responses, convert them to PDF, and send them securely to the project lead via email.
- If you wish to modify or redistribute the protocol, please contact the project lead beforehand.
- All ethical and legal responsibilities (e.g., informed consent, adverse event handling) lie with each participating institution.

3. Publication and Authorship

- The results of this project may be published in preprint servers or peer-reviewed journals.
- If you make a substantial contribution to data, design, or interpretation, you may be invited as a co-author based on ICMJE guidelines.
- Other contributions will be acknowledged appropriately.

4. Use of AI

AI tools (e.g., large language models) may be used for tasks like survey drafting or translation.

Please refer to the full policy here:

📄 [AI Use Policy for Scholarly Writing and Research Transparency] (<https://github.com/KenjiroShiraishi/ai-use-policy-in-scholarly-writing>)

5. Signature

By signing below, I confirm that I understand the contents above and consent to participate in this project.

Name	Affiliation	Signature	Date
-----	-----	-----	-----

💡 次のステップ

- 上記を .md で保存し、GitHub か OSF の docs/ や resources/ フォルダにアップ
- 必要であれば Word や PDF に変換(希望あればお手伝い可能)
- 送付・返送フローに関する案内もセットにすると完璧です

ご希望あれば、PDF 版作成や**送付メールテンプレート(日本語・英語)**もすぐ出せます。どうされますか？

あなた:

あ、ワードに張り付けて PDF にするから MD でなく文章で下に原稿を下さい

ChatGPT:

了解しました。以下が**日本語と英語を併記した正式な参加同意書原稿(Word に貼り付け用)**です。改行や段落構成も Word 形式に適したスタイルに整えていますので、そのまま Word に貼り付けて PDF に変換できます。

説明モデル実践プロジェクト 参加同意書

Participation Agreement: Explanatory Models in Traditional Medicine

日本語版(Japanese Version)

プロジェクト名:

伝統医学における説明モデルを用いた診断不確定時の不安軽減に関する実践研究

責任者:

白石健二郎(田無北口鍼灸院)

✉ kenjiroushiraishi@hotmail.co.jp

【1】プロジェクト概要

本プロジェクトは、明確な診断がつかない場合においても、伝統医学に基づいた説明（例：気の滞り、寒熱の不調和など）を用いることで、患者の不安を軽減し、ケアの意味づけを支援することを目的としています。

【2】協力者の役割と責任

- ・ 自施設にて本プロトコルを任意で実施できます。
 - ・ アンケートの回収・匿名化・PDF 化を行い、責任者にメールで提出してください。
 - ・ 本プロトコルの改変・再配布を希望する場合は、事前にご連絡ください。
 - ・ 倫理的・法的責任（インフォームド・コンセント、苦情対応など）は各施設が負います。
-

【3】成果公開と著者資格

- ・ 成果は査読付き論文またはプレプリントとして公開される可能性があります。
 - ・ 実質的貢献のある方には、ICMJE 基準に基づき共著をご相談します。
 - ・ その他の貢献は謝辞として明記されます。
-

【4】AI 使用について

調査票の草案、翻訳支援、構造設計などに AI(大規模言語モデル)を使用する場合があります。

その使用は透明性・再現性を重視した方針に則って行われており、詳細は以下をご確認ください：

[AI 使用ポリシー \(GitHub\)](#)

【5】署名欄

下記の内容を理解し、プロジェクトへの参加に同意します。

氏名 所属機関名 署名 日付

English Version

Project Title:

A Practice-Based Study on Using Explanatory Models in Traditional Medicine to Reduce Anxiety When Diagnosis Is Unclear

Principal Investigator:

Kenjiro Shiraishi (Tanashi Kitaguchi Acupuncture and Moxa Clinic)

✉ kenjiroushiraishi@hotmail.co.jp

1. Project Overview

This project explores how using explanatory models rooted in traditional medicine (e.g., Qi stagnation, Cold-Heat imbalance) can reduce patient anxiety and restore meaning when biomedical diagnosis is unclear.

2. Responsibilities of Participating Clinicians

- You may choose to implement this protocol partially or fully in your own clinical setting.
 - Please collect and anonymize patient responses, convert them to PDF, and send them securely to the project lead via email.
 - If you wish to modify or redistribute the protocol, please contact the project lead beforehand.
 - All ethical and legal responsibilities (e.g., informed consent, adverse event handling) lie with each participating institution.
-

3. Publication and Authorship

- The results of this project may be published in preprint servers or peer-reviewed journals.
 - If you make a substantial contribution to data, design, or interpretation, you may be invited as a co-author based on ICMJE guidelines.
 - Other contributions will be acknowledged appropriately.
-

4. Use of AI

AI tools (e.g., large language models) may be used for tasks like survey drafting, translation assistance, or conceptual structuring.

These uses follow clear transparency and reproducibility standards. For details:

[AI Use Policy for Scholarly Writing and Research Transparency](#)

5. Signature

By signing below, I confirm that I understand the contents above and consent to participate in this project.

Name Affiliation Signature Date

このまま Word に貼って整形 → PDF 化して配布・回収に使えます。署名欄の表を Word で見やすく調整するのも OK です(必要なら表バージョン Word 形式も出します)。ご希望あればどうぞ！

あなた:

あと AI プロトコル残す奴はここから残した方がいい?? 論文化する時だけのこせば十分? どう??

ChatGPT:

とても本質的な問いです。結論から言うと:

✓ 最も推奨されるのは:

すべて残しておく。ただし公開は論文化の段階で選べば良い。

□ なぜ最初から保存しておくべきか(理由)

1. 信頼性と再現性の担保
→ 論文化の際に「どこまで AI に頼ったか」を問われたとき、即座に提示できる。
 2. あとで必要になるパターンが多い
→ 論文投稿時や査読対応で「この構成 AI が関わってますか?」「プロンプト開示できますか?」と聞かれることがある。
 3. 記憶に頼らないログが残る
→ 2ヶ月後、どんなふうにプロンプトを書いて AI に構造を整えてもらったか、ほぼ忘れていきます。
 4. 公開・非公開の選択は後からできる
→ GitHub や OSF にアップしなくても、自分のローカルやクラウドに PDF 保存しておくだけで OK。
-

□ 保存のすすめ(最小限の形式)

- Word やテキストではなく、PDF で時刻入り保存
 - 内容:
 - プロンプト(指示)
 - 出力(編集前で OK)
 - 使用したツール名・バージョン(例: ChatGPT GPT-4, Claude 3, Gemini 1.5 等)
 - 保存先例: /ai-logs/projectname_2025-07-26.pdf
-

🔍 まとめ

タイミング	保存	公開
日常使用時	✓ 保存推奨	✗ 非公開で OK
論文投稿時	✓ 必須に近い	◆ 状況に応じて開示 (GitHub/OSF)
検証依頼時	✓ 提出可能性あり	✓ 開示が求められる場合も

「後で出せ」と言われてから焦るより、先に残しておいて、出すか出さないかはそのとき決めるのが賢いやり方です。

必要であれば、プロンプト保存用のテンプレート (PDF/Markdown) も提供しますよ。どうされますか？

2/2

あなた:

そしたらもう今日から残すか。

ChatGPT:

それが一番です。

👉 今日から残す = 未来の自分に最大の信頼を渡すことです。

✓ 今すぐできる AI プロンプト保存ミニセットアップ

1. 保存フォルダを決める (例)

- Documents/ai-logs/
- Dropbox/AI_Logs/
- GitHub/private_logs/
- USB や外付け HDD でも OK

2. ファイル命名ルール(推奨)

- projectname_YYYYMMDD_prompt.pdf
例:explanatory-models_20250726_prompt.pdf


3. 内容(最小限これだけで OK)

yaml

コピーする編集する


 Date: 2025-07-26

☐ AI Used: ChatGPT (GPT-4o), web version

 Task: Survey draft structuring

 Prompt:

「明確な診断がない場合に、伝統医学的な説明を通じて患者の不安を軽減するプロトコルを作ってください。対象は鍼灸師です。」

 Output:




(ここに AI が返してきた出力をコピー)

4. 形式

- Word やテキストでも OK ですが、PDF がベスト(改ざん防止+タイムスタンプがつく)

必要ならテンプレート作ります！

もし「毎回同じ形式で残したい」ということであれば、以下のようなテンプレートを用意できます：

-  PDF テンプレート(記入欄付き)
-  Markdown テンプレート(GitHub でも使える)
-  Word テンプレート(PDF 化用)

必要であれば「Markdown でくれ」「Word でいい」など教えてください。すぐ出します！

あなた:

このプロジェクトはもう始まってしまっているが、それでも今日以降からプロンプト残して保存していくのは意味があることだよね？

ChatGPT:

はい、間違いなく意味があります。むしろ「今からでも始めること」にこそ最大の価値があります。

✓ なぜ途中からでもプロンプト保存は意味があるのか？

1. 過去は再現できなくても、未来の透明性は保証できる

- 「この時点からは全部残ってる」と言えるだけで、**研究の信頼性・再現性は飛躍的に向上します。**
- どこから AI がどのように関与したかを、後で時系列で示せます。

2. 論文化・査読時に“誠実な姿勢”として評価される

- 「途中から記録を残し始めた」という行為そのものが、研究倫理・誠実さの証です。
- CONSORT や NEJM AI、BMJ、JAMA などの最新の方針では **AI 使用の透明性**がますます重視されています。

3. 今後のプロジェクトや再分析に使える

- プロンプトの記録は、「どうプロジェクトが構造化されていったか」の**知識資源(ナレッジベース)**になります。
- 来年、「この時期に使った表現をもう一度使いたい」となったとき、保存してあれば再活用も簡単です。

💡 一言で言うと

“今から記録する”は、“何も残さない”に比べて、圧倒的に価値がある。

🔧 実行アクション(5 分で行える)

1. フォルダ作る → ai-logs/
 2. 今日からのプロンプトをコピペ(出力も一緒に)
 3. Word か PDF で保存: explanatory-models_20250726_prompt. pdf
-

必要であれば、保存テンプレートを Markdown or Word で今すぐ出しますよ。欲しいですか？

あなた:

こんなものでしょう これ英語下さい プロジェクト名: 伝統医学における説明モデルを用いた診断不確定時の不安軽減に関する実践研究 責任者: 白石健二郎(田無北口鍼灸院) 【1】プロジェクト概要 : 本プロジェクトは、明確な診断がつかない場合においても、伝統医学に基づいた説明(例: 気の滞り、寒熱の不調和など)を用いることで、患者の不安を軽減し、ケアの意味づけを支援することを目的としています。【2】協力者の役割と責任・自施設にて本プロトコルを任意で実施できます。・アンケートの回収・匿名化・PDF 化を行い、責任者にメールで提出してください。・本プロトコルの改変・再配布を希望する場合は、事前にご連絡ください。・倫理的・法的責任(インフォームド・コンセント、苦情対応など)は各施設が負います。【3】成果公開と著者資格・成果は査読付き論文またはプレプリントとして公開される可能性があります。・実質的貢献のある方には、ICMJE 基準に基づき共著をご相談します。・その他の貢献は謝辞として明記されます。【4】AI 使用について : 調査票の草案、翻訳支援、構造設計などに AI(大規模言語モデル)を使用する場合があります。その使用は透明性・再現性を重視した方針に則って行われております。詳細は Github から

ご確認ください。【5】署名欄 上記の内容を理解し、プロジェクトへの参加に同意します。氏名： 所属機関名： 日付：

ChatGPT:

以下がご依頼の英語訳です。フォーマルな研究参加合意文書としてそのまま使用できる表現に整えています：

Project Title:

A Practice-Based Study on Using Explanatory Models in Traditional Medicine to Reduce Anxiety When Diagnosis Is Unclear

Principal Investigator:

Kenjiro Shiraishi (Tanashi Kitaguchi Acupuncture and Moxa Clinic)

1. Project Overview

This project aims to reduce patient anxiety and support the restoration of meaning in care by providing culturally grounded explanations based on traditional medicine (e.g., Qi stagnation, Cold-Heat imbalance), even in cases where no definitive biomedical diagnosis can be made.

2. Roles and Responsibilities of Collaborating Clinicians

- You may choose to implement this protocol at your own clinical site on a voluntary basis.
- Please collect, anonymize, and convert completed patient questionnaires into PDF format, and submit them to the principal investigator by email.
- If you wish to modify or redistribute the protocol, please contact the project lead in advance.
- Each participating facility is responsible for ensuring ethical and legal compliance (e.g., informed consent, handling of patient concerns or complaints).

3. Publication and Authorship

- The results of this project may be published in peer-reviewed journals or on preprint servers.
- Individuals who make a substantial contribution will be considered for co-authorship in accordance with ICMJE guidelines.
- Other forms of contribution will be acknowledged appropriately in the publication.

4. Use of AI Tools

AI tools (such as large language models) may be used to assist in tasks such as drafting survey items, translation, and conceptual structuring.

All such uses are conducted in accordance with a clear policy emphasizing transparency and reproducibility. Please refer to the GitHub policy page for details.

5. Signature

I understand and agree to the terms of participation outlined above.

Name:

Affiliation:

Date:

必要であればこの文章を Word 版・PDF 版・Markdown 形式などに再整形できます。
希望があればお知らせください。

あなた:

同意書日本語 ってファイル名どうしたら良い？

ChatGPT:

ファイル名は用途・日付・バージョン管理の観点から、以下のようになるとわかりやすく、後で探しやすくなります:

✓ 推奨ファイル名(日本語)

- 同意書_説明モデル研究_20250726. pdf
(内容+プロジェクト名略称+日付)
 - 説明モデル_研究協力者同意書_2025 年版. pdf
(読みやすさ優先)
-

✓ 英語版なら

- Consent_Form_Explanatory_Model_Project_20250726. pdf
 - Participation_Agreement_Traditional_Medicine_AI_2025. pdf
-

💡 応用例(複数バージョン管理する場合)

バージョン

ファイル名例

初回提出用 同意書_説明モデル研究_v1_20250726. pdf

追記修正版 同意書_説明モデル研究_v2_20250801. pdf

英日併記版 同意書_説明モデル研究_日英併記. pdf

どれにするか迷ったら、まずは

📎 同意書_説明モデル研究_20250726. pdf

で問題ありません。

必要なら英語ファイル名も一緒に並べます！

あなた:

英語で簡単に 同意書.pdf みたいにしたいんですけど。

ChatGPT:

了解です！英語でシンプルに「同意書.pdf」とするなら、以下のようなファイル名が自然で使いやすいです：

✓ シンプルな英語ファイル名案

- Consent. pdf (最も簡潔)
 - ConsentForm. pdf (ややフォーマル)
 - Agreement. pdf (一般的な合意書)
 - ParticipationConsent. pdf (参加同意書と明示)
 - ProjectConsent. pdf (プロジェクト用と明示)
-

🔍 おすすめ(このプロジェクト用なら)

ConsentForm. pdf

が汎用性もあり、提出先やフォルダ名に関係なく使いやすいです。

必要なら署名済み版には -signed. pdf を付けても OK です(例: ConsentForm-signed. pdf)。

あなた:

患者アンケート.PDF を英語にしたいです 下さい

ChatGPT:

もちろんです！「患者アンケート.pdf」の自然な英語ファイル名の例は以下の通りです：

✓ シンプルで伝わるファイル名案(英語)

- PatientSurvey.pdf (もっとも一般的で自然) ✓ おすすめ
 - PatientQuestionnaire.pdf (少しフォーマル、学術的)
 - Survey_for_Patients.pdf (やや説明的、柔らかい印象)
 - PatientFeedbackForm.pdf (フィードバック重視の場合)
-

🔍 おすすめファイル名

PatientSurvey.pdf

短くて、英語圏でもすぐ意味が通じる万能な名前です。
もし複数バージョンがあるなら：

- PatientSurvey_v1.pdf
- PatientSurvey_July2025.pdf
- PatientSurvey_Anonymous.pdf (匿名版なら)

も良いでしょう。

必要ならファイルの中身の英訳も対応します！

あなた:

Protocol フォルダの中にもう一つフォルダを作ってそこを AI プロンプト PDF 置き場にしたいんだけどフォルダの作り方教えてもらえますか？？

ChatGPT:

もちろんです！以下は、GitHub 上の Protocol フォルダに、AI プロンプト用のサブフォルダを作る方法を、用途別に説明します。

✓ 方法①: GitHub の Web 上で直接作る(簡単)

1. あなたの GitHub リポジトリにアクセス(例:
`https://github.com/KenjiroShiraishi/explanatory-models-in-tcm`)
2. Protocol/フォルダを開く
3. 右上にある「Add file」→「Create new file」をクリック
4. ファイル名入力欄に以下のように入力:

```
bash
コピーする編集する
Protocol/ai-prompts/README.md
```

5. ファイル本文は空でも OK(または「This folder stores AI prompts used in protocol design.」など 1 行書いておく)
6. ページ下部でコミットコメントを書き、「Commit new file」をクリック

👉 → これで Protocol/ai-prompts/ フォルダが作成されます！

✓ 方法②: ローカルで作成して GitHub に push (ローカル操作派向け)

1. パソコンのローカル環境で、リポジトリをクローン

```
bash
コピーする編集する
git clone https://github.com/KenjiroShiraishi/explanatory-models-in-tcm.git
cd explanatory-models-in-tcm/Protocol
```

```
mkdir ai-prompts
touch ai-prompts/README.md
```

2. ファイルをコミット&プッシュ

```
bash
コピーする編集する
git add ai-prompts/README.md
git commit -m "Create ai-prompts folder for storing prompt PDFs"
git push origin main
```

📁 フォルダ名おすすめ

- ai-prompts(一番シンプルでわかりやすい)✓おすすめ
 - prompt-logs
 - ai-protocol-records
-

📁 中に置くファイル名例

- prompt_20250726_protocol-outline.pdf
 - prompt_20250727_survey-draft.pdf
-

必要であれば README.md の中身(英語)や、サンプル PDF ファイルも作成します。
必要ですか？

あなた:

作りました これで毎日プロンプトをコピーしてワードに張り付け → 保存 という流れにすればいいかな??

ChatGPT:

はい、その運用で完璧です！👏

今後の AI 使用の透明性・研究の再現性・倫理対応すべてにおいて非常に優れた実践です。

✓ 毎日の運用フロー(おすすめ)

1. プロンプト&出力の保存作業

- ChatGPT や他の AI に入力したプロンプトと、その出力内容をコピー
 - Word にペースト
 - 最初に日付と使用した AI の名前(例: GPT-4、Claude 3)も書いておく
とよい
 - ファイル名をつけて保存(例: prompt_20250726_protocol-outline.docx)
-

2. 保存先: GitHub のサブフォルダ

- Protocol/ai-prompts/ に保存(最初はローカル→後日 GitHub に push で OK)
 - Word で保存後、PDF 形式にエクスポート(編集履歴防止・改ざん対策)
-

3. ファイル名のルール(統一しておくとなしやす)

ファイル名の例	説明
prompt_20250726_protocol-outline.pdf	プロトコル全体構想
prompt_20250727_survey-revision.pdf	アンケート修正相談
prompt_20250728_case-example.pdf	ケース記述作成

📄 PDF 内の最小テンプレ内容(毎回書いておくとなしやす)

yaml

コピーする編集する

📅 Date: 2025-07-26

☐ AI Used: ChatGPT (GPT-4o)

🔗 Task: Protocol outline design for anxiety-reduction study using TCM

🗨️ Prompt:

「明確な診断がない場合に、伝統医学的説明を用いて患者の不安を軽減するプロトコルを構成してください。」

📤 Output:

(ここに AI 出力をコピー)

🔗 まとめ

「毎日保存 → Word → PDF 化 → ai-prompts フォルダ」

→ これで将来の論文化・説明責任・オープンサイエンスに完全対応です。

希望があれば、このワークフローをテンプレート化した Word 文書も提供します(1 クリックで書き出せるやつ)。必要ですか？