

# New changes in medical education

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With open-sourced information, rising power of patients, and complex social arrangements, the circumstance in which doctors and medical students are has completely changed. Therefore, the medical education system needs to catch up with the rapid changes in the world and meet the needs of patients and the society. Most of our medical education system have been depending on a system shaped by performance in examinations and factual content, especially in Asian countries. These cultures should be changed into the one that values self-directed learners and problem solvers. Governments and medical schools need to improve the medical education, developing better programs on doctor-patient communication and inter-professional continuing education. Here are some example of programs which are operated in some of the medical schools in Japan. In those programs, they not only show new ideas but also old strategies which have been practiced for decades, but seasoned with our age.

#### 1. Internship and practice in medical and welfare departments

Not experienced as a doctor, medical students should have chances to be enrolled in real life medical and welfare field. With the diverse lifestyles and needs among people, there are not only hospitals where doctors are wanted but also in various welfare institutions and enterprises. Though in demand, general medical students do not have chances to visit and understand those facilities. Through providing internship programs by medical school, students are able to get a glimpse of a doctor's role in society, and moreover, among other professionals. For example, students have chances to meet care workers, volunteers, and social workers at the welfare of the aged (福島: 2010); students learn how to deal with family members of disabled children, and not only children themselves; home care services can tell students what kind of medical services are called for in a community. These things are always hidden from the surface of our society and the care for the patients can be far from appropriate. Since the care usually involve the patients' family and community, thus, doctors who can only offer medical help are not quite enough. Future doctors are even required to know about what kinds of care networks are available in the area where a patient lives, how a government or municipal government supports them, and what are overlooked. Having internship experiences before going out into a hospital will help medical students grasp the way on how to provide their professional support for patients.

#### 2. Workshops with other professions

Medical students usually do not have chances to communicate with students of other health care professions. However, most situations in a real hospital among doctors are not like that at all nowadays; there are more team work jobs which require communication and cooperation with other professions. The importance of medical care with other professions has been claimed for a long time. There will be less medical errors if medical care is delivered appropriately with mutual understanding among different professions. Medical schools can host workshops which provide chances to discuss about a medical issue with different professionals for those who

engaged in health care services. (福島: 2010) In workshops, a groups member can include medical students, nurses, doctors, and general people. All members listen to a presentation about a medical error, then, separated into groups and talk about that with members. Through this workshop, each member will recognize the common understandings even the differences between professions. After that, they are required to discuss about the problems what they find from the view of each profession. Through these workshops, all members can learn from different professions and share knowledge. The goal of this workshop is not getting the correct answers or leaching the same answer, but promoting the skills of discussion and attitude towards understanding other professions. These workshops will definitely lead to less medical errors in the future.

### 3. Team-based Learning

Team-based Learning (TBL) is an instructional strategy which has started in MBA in university of Oklahoma(瀬尾・三木: 2011), and has been applied in science and economy education. This strategy can also be used in medical education. Here is the simple flow of it. Step1: read and prepare individually. Step2: readiness assurance process (RAP): take a quiz individually (IRAP) then take the same quiz with a group (GRAP) discussing with members. Step3: work on practical exercises with a team. Step4: evaluate member's contribution in numerical value with each other and get feedbacks. TBL strategy sounds quite practical because it enables students to improve discussion skills and problem-solving ability at the same time. To make the most of this method, preparation from each student is crucial. Besides the above, a teacher needs to lead students in a proper way on TBL or it would become a put-up job. To help teachers and students seeking for more effective and apt TBL, there are NPOs, conferences, and textbooks.

### 4. Programmed patients

The best and most unique teacher in medical education has not been changed - a real patient. At this point, a patient is not a subject who is waiting on doctor's treatments, but who teaches doctors what a real disease is. This "programmed patient" approach was started by Barrows and Abrahamson, aiming to teach physical examination and communication with patients. (福島: 2010) There were "patient instructor program" are where pregnancy, delivery, and parenting taught by mothers. Patients not only guide the way of physical examination, but also tell his or her story of diseases, and this makes doctors really understand what "Treat the patient, and not the disease" means. This program helps doctors understand how patients feel when they are informed of a serious disease, and give tips on how to deal with patient's state of mind.

Requirements for doctors have been changing and getting more complex due to the diversity of society and patient's needs. Studying trials in Japanese medical schools, it is clear that many methods have invented and practiced in medical education to catch up

with the age. There are always new findings worth trying, and also old but proper methods which need to be reformed to fit the era. To supply better medical services, medical education are required to orient to the needs of our age, as quickly, flexibly and reasonably as possible.

**References:**

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