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Forum on “Learner Wellbeing in Asia: Experience and Issues”

Violence in Post-graduate Education & Student Wellbeing in S. Korea

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Current State: Scientific Medicine

- **41 Medical schools (31 private/10 public)**
- **Dual entry system (6yr or 4 yr + 4 yr)**
- **Heavy emphasis on sciences**
- **95% of graduate enter PGME**
- **Specialty-oriented medicine**
- **Low practical generic competence**
- **Recent innovation efforts by accreditation, national OSCE for licensure**
- **Mandatory military service for 39 months**

Student Survey 2015



Curriculum/Administration

- **Inefficient scheduling & excessive class hours**
 - Scheduling powers are within professors' discretion
 - Constant change in schedule without regards to students
- **One-size-fits-all educational approach**
 - Disregard for students' comprehension levels
 - Memorization-based information transfer
 - End-of-semester evaluations are disregarded

Student Survey 2015



Structural basis of stress

- Excessive workload
- Unforgiving schedule
- Mass memorization
- No time for hobby
- Excessive competition
- Short semester
- Long vacation

Students' affect

- Anxiety & Anger
- Frustration
- Guilt feeling
- Inferiority complex
- Fear of failure

S. Korean Students



- Medical curricula in S. Korea and other countries have **many features in common**
- Korean medical students may **not be very different** from medical students in other countries
- Some particular features of education are embedded and buried in culture:
 - Collectivism
 - Neo-Confucianism
 - Militarism
 - Post-colonialism

Interpersonal Relationship among Students

- **Stress to impress others**
 - Reputation becomes an asset; must be managed
- **Forced extracurricular club activities**
- **Upper vs. lower classmen**
 - Vertical and inflexible structure
 - Threat used as a tool for problem management
 - Fear of retaliation: upper classmen might ruin hospital/school experience

Libertus Medicus(解放奴隸醫)



- Extreme hierarchy
- Conformity & Compliance
- Organizational loyalty
- Structural violence

- One way communication
- Factionalism
- Family affects
- Favoritism

Verbal Abuse: PGME 2015



- **86.2% of the respondents answered YES**
- **Assailants:**
 - Patient 28.8%
 - Senior resident 25.1%
 - Professor 22.2%
 - Colleague/staff 10.2%
- **Breakdown of respondents by year (YES):**
 - Intern 82.8%
 - 1Y Resident 83.0%
 - 2Y Resident 83.4%
 - 3Y Resident 86.1%
 - 4Y Resident 89.9%

Physical Abuse: PGME 2015



- Recent incident of *splenic injury of a resident* as a result of *physical assault by a senior resident*
- 30.5% of the respondents answered **YES**
- **Assailant:**
 - Patient 14.7%
 - Professor 7.5%
 - Senior resident 7.3%
 - Colleague/Staff 1.0%

Language and Motivation/Competence

Schwarz, Scheiman & Ryan



Autonomy Supportive/Neutral

- Identifies supervisee's perspective and needs
- Vitalizes inner motivational resources
- Interpersonal support
- Support supervisee's capacity for self-direction and autonomous self-regulation

Controlling

- Neglects supervisee's perspective and needs
- Frustrates/Thwarts inner motivational resources
- Interpersonal intrusion
- Pressure toward compliance & into a prescribed way of thinking, feeling, or behaving

Outcome of Poor Wellbeing



- **Poor clinical education**
- **Linguistic code:**
 - Suppressing cultivation of subjectivity
 - Cannot establish the linguistic & inter-subjective origin of clinical discourse and action
- **Building **resilience** (?), but high **anxiety****
 - Quick adaptation to short term task
- **Burnout, **depression** by chronic stress**
- **Transference to patient wellbeing**

How to solve this?



- **Strong Quality Assurance**
- **Internal + external**
- **Rigorous professional standards for PGME**
- **Strong disciplinary measure against abuse**
- **Third party intervention**