



Lessons from experiences of Japan and Kyoto University

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General Picture of MedEd in Japan

- High school leavers enter medical school
- 6 years for undergraduate education
 - Liberal Arts for 1–2 years
 - Pre-clinical / clinical “classes” for 2–3 years
 - Clinical clerkship for 2 years
- 5 years for postgraduate training
 - 2 years for foundation / 3 years for specialty

Undergraduate Education



Frontiers in Medical and Health Sciences Education Conference, November 27–28, 2015

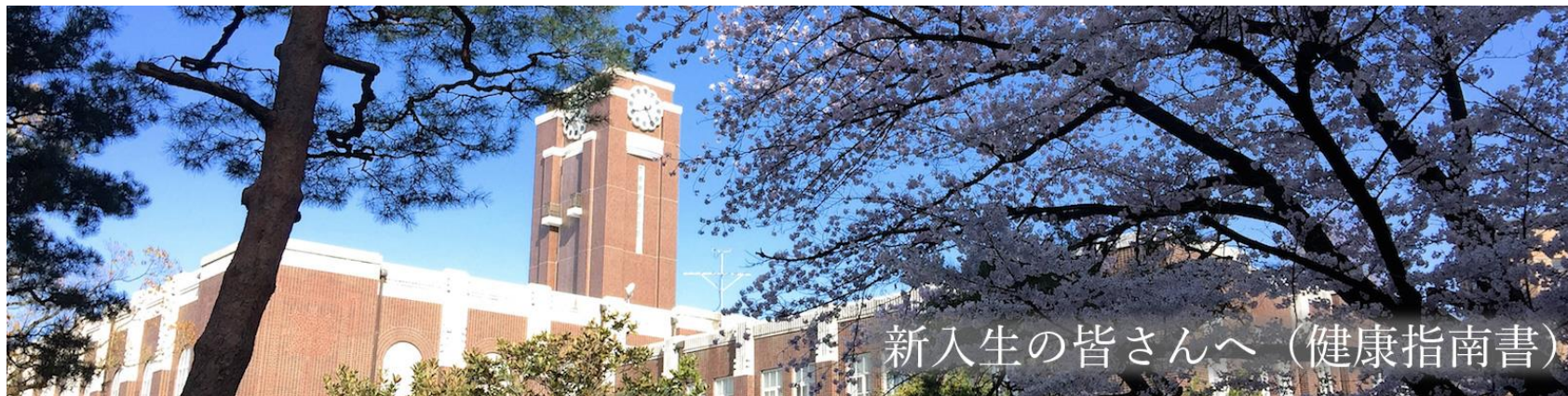
First, I have to apologize that

- No national data in the 2015 report by the Association of Japan Medical Colleges
- No national data in the Japan University Health Association



Kyoto University Health Service

- For all the students and faculty members (Not only for Faculty of Medicine)
- Internal Medicine / Psychiatry



Assessment of Unprofessional Behavior of Medical Students

- Started in 2014 at Kyoto University
- Free format report
- Students with following behaviors
 - Lack of Rei (礼: Politeness)
 - Lack of Sokuin (惻隱: Empathy)
 - Lack of Seijitsu (誠実: Honesty)

Nishigori H, Harrison R, Busari J, Dornan T. Bushido and medical professionalism in Japan. *Acad Med.* 2014 Apr;89(4):560–3.

Papadakis MA, et al. Disciplinary action by medical boards and prior behavior in medical school. *N Engl J Med.* 2005 Dec 22;353(25):2673–82.

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We found that

- A certain number of students who needs mental support / psychiatric problems were identified under this assessment
- Reports were submitted mainly from departments in which students were required to commit more to patient care

Discussion

- We should discuss how to “diagnose” unprofessional behavior with its background
- Students with “Developmental Disability” or “Personality Disorder” are difficult to manage
- “EDUCATION” or “TREATMENT”?

Postgraduate Training



Burnout / Depression (1)

- A self-administered questionnaire was sent to 548 first-year residents at 41 teaching hospitals in Japan in 2004.
- Out of 318 responded to the survey, 80 (25.2%) experienced depression based on CES-D, 2 months after starting training

Maeno T, et al. Resident stress in the new postgraduate clinical training system. *Medical Education (Japan)*. 2008, 39(3):175-182

Burnout / Depression (2)

- A self-administered questionnaire was sent to 91 first-year residents at one university hospital in Japan in 2004–2006.
- Among male residents, scores of supervisors' support, family or friends' support, job satisfaction and home satisfaction in the burnout group were significantly lower

Inaba R, et al. Study on the relationship between burnout and work-related stress and coping profile among junior residents in Japan. 2010. JJOMT, 58:101–108

Subjective workload

- Focus group study for 31 residents in three teaching hospitals in Japan
- Factors influencing residents' subjective workload are:
 - (1) interaction within the professional community,
 - (2) feedback from patients, (3) being in control,
 - (4) professional development, (5) private life,
 - (6) interest and (7) protected free time

Nishigori H, et al. Beyond work-hour restrictions: a qualitative study of residents' subjective workload. *Perspect Med Educ.* 2015;4(4):176-80.

Discussion –Change of system

- From fixed department to rotation
 - Needs of cross-sectional support
- Introduction of matching system
 - Become more competitive
- From social democratic to neo-liberalistic postgraduate training system



Take Home Messages

- Students who needs support may behave unprofessionally
- We have difficulty in supporting students with developmental disability / personality disorder
- A certain number of residents in Japan experience depression under the neo-liberalistic postgraduate training system