

Frontiers in Medical and
Health Sciences Education:

Learner Wellbeing

across the continuum

Learner Wellbeing in Asia: Experience and Issues

**Measuring Wellness Among Resident Physicians at
National Taiwan University Hospital**

Shih-Li Tsai MD, MS

Department of Medical Education, National Taiwan University Hospital

National Taiwan University (1928)

First medical school in Taiwan (1897)



National Taiwan University (1928)

First hospital in Taiwan (1899)

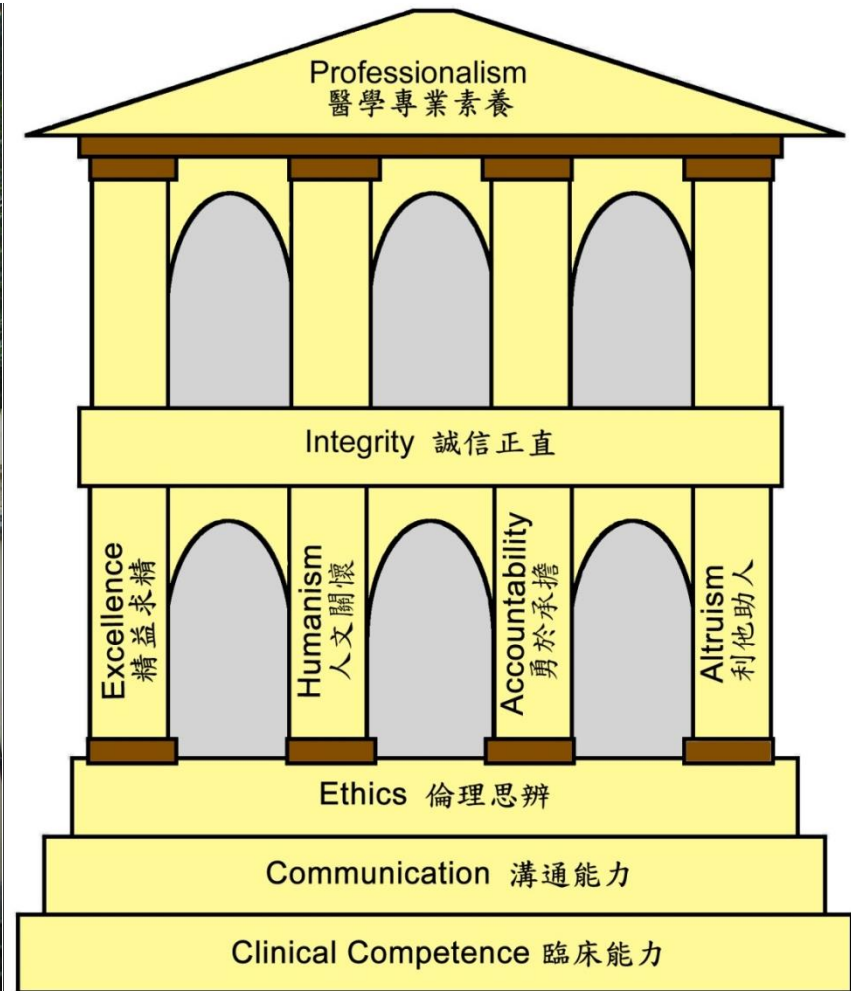


National Taiwan University Hospital (NTUH)

Curricula Development of Medical Professionalism at NTUH

- Medical schools claim a social mission – to create educational programs that best train physicians to meet the health needs of patients and populations (Mullan et al. 2010)
- Medical professionalism is now an accreditation standard in undergraduate and post-graduate medical education (ACGME- International 2010)

NTUMC Professionalism Framework



Does One Size Fit All? Building a Framework for Medical Professionalism.
Academic Medicine: 2011 - Volume 86 - Issue 11 - pp 1407-1414

HOW WE...

Defiance, compliance, or alliance? How we developed a medical professionalism curriculum that deliberately connects to cultural context

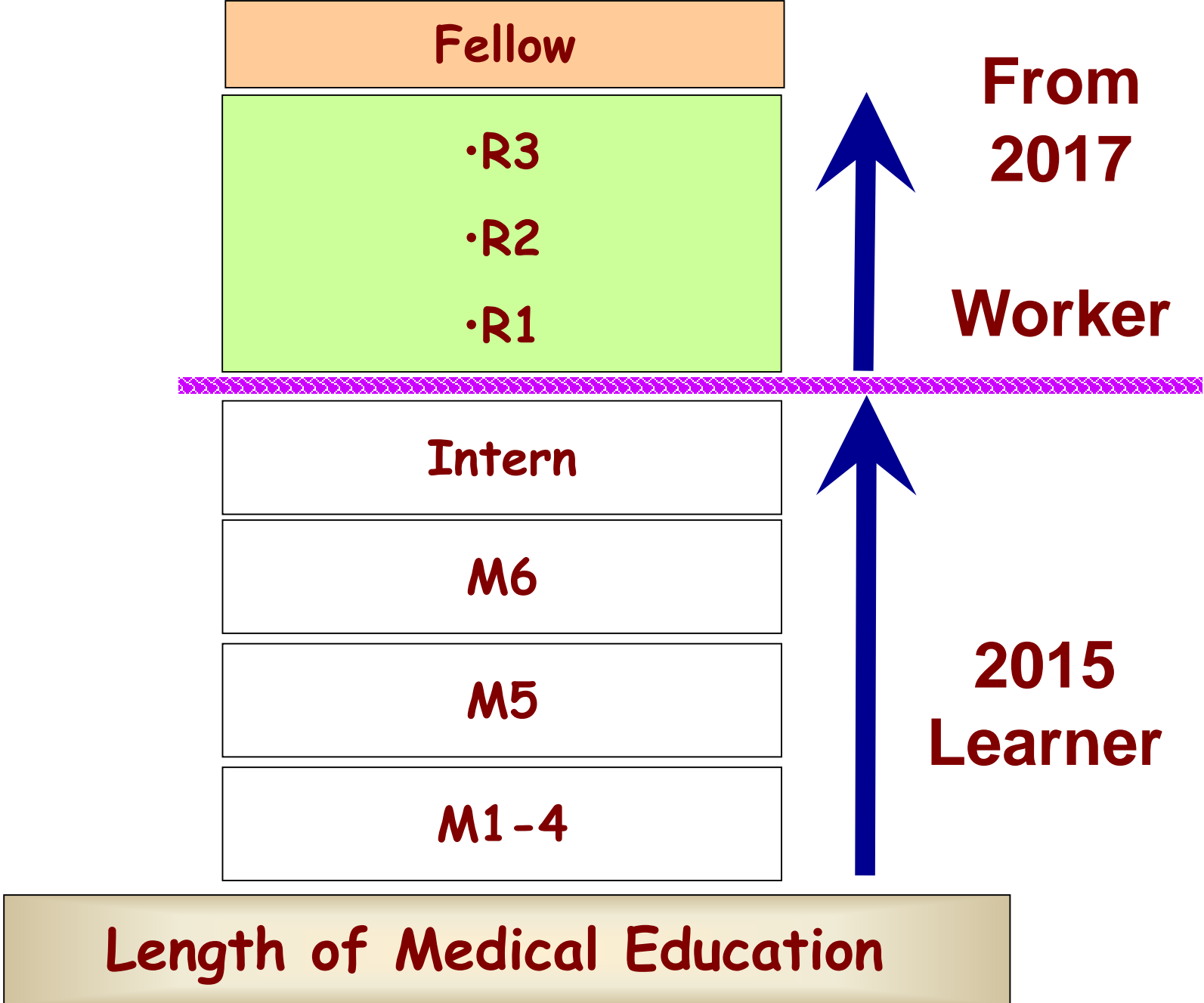
SHIH-LI TSAI¹, MING-JUNG HO², DAVID HIRSH³ & DAVID E. KERN⁴

¹National Taiwan University Hospital, Taiwan, ²National Taiwan University College of Medicine, Taiwan, ³Harvard Medical School, USA, ⁴Johns Hopkins Bayview Medical Center, USA

Table 1. Summary of education strategies to relate professionalism curriculum to local social context and cultural values.

Stages	Course	Main competency	Education strategies
Year 1	Medicine and Humanities	Humanism	Sessions linking local literature, arts, and history to medical humanism Experientially learning at local historical sites, art exhibitions, and performances
Year 2	Medicine and Society	Accountability	Sessions on the social roles of the medical profession, using social science studies Discussion with local patient advocacy organizations Development of patient narratives in the context of family and society
Year 4	Intro to Clinical Medicine	Communication	Exercises with standardized patients to learn how to communicate with patients
Year 5	Family, Society, and Medicine	Communication	Exercises with standardized patients to learn how to communicate with patients' families Role playing patients' family members
Year 6	Clinical Ethics and Law	Ethics	Discussion of local cases involving family decision versus patient autonomy
Year 7	Pediatrics Internship	Communication	Exercises with standardized patients to learn how to communicate with patients' parents

	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
M1	Summer Vacation		Medicine and Humanities				Winter Vacation		Arts and Science			
M2	Service Learning		Medicine and Society Physician and Society Small Group Discussion				Service Learning		Physician and Humanities Small Group Discussion			
M3	Summer Vacation	Donor's Family	Basic Medicine **				Winter Vacation		Basic Medicine **			
M4	Summer Vacation		Basic Medicine Clinical Medicine/PDCC				Winter Vacation		Basic Medicine Clinical Medicine/PDCC			
M5	Summer Vacation		Clerkship/PDCC				Winter Vacation		Clerkship/PDCC			
M6	Internal Medicine			Surgery			Obs & Gyn , Pediatrics			Elective Course		
M6	Clinical Ethics and Law			Clinical Ethics and Law			Clinical Ethics and Law			Clinical Ethics and Law		
M7	Internal Medicine			Internal Medicine			Obs & Gyn , Pediatrics			Elective Course		
M7	Internship			Internship			Internship/PDCC			Internship		



Factors Hinder Development of Medical Professionalism

- Outside-of-work personal stress
- Long work hours
- Depersonalization
- Emotional exhaustion

(Daugherty et al., 1998; Clever, 2002; Cohen, 2002; Collier et al., 2002; Shanafelt et al., 2002; Baldwin et al., 2004; Sargent et al., 2004; Gelfand et al., 2004; Mareiniss, 2004; Papp et al., 2004; Thomas, 2004)

Medical Trainee at NTUH

	2012	2013	2014
Resident Physician	495	492	507
Intern Doctor	278	287	314

*David Kern, 2011.
6-Steps Curriculum
Development for
Medical Education.*

Step 1: General Needs Assessment

- literature review
- consensus meetings (all stakeholders including **general public**)

Step 2: Needs Assessment of Targeted Learners

- survey
- student focus group

Step 3: Goals and Specific objectives

- define core competences of professionalism

Step 4: Educational Strategies

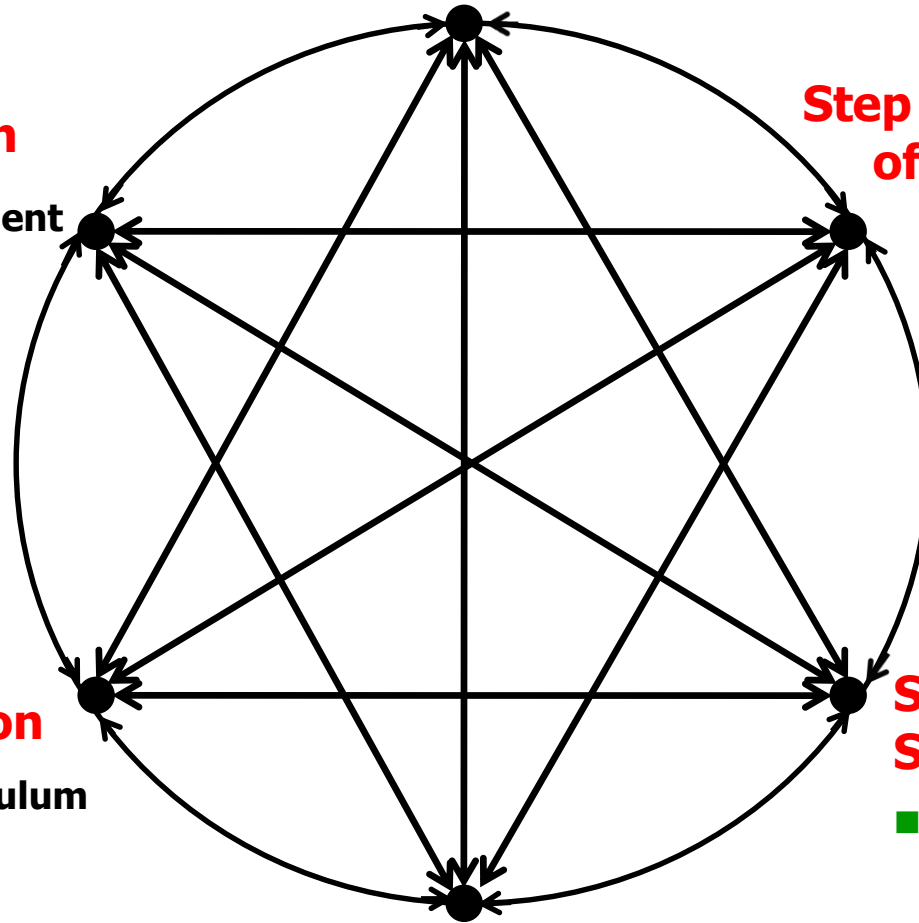
- individual courses
- overall curriculum mapping

Step 5: Implementation

- longitudinal curriculum

Step 6: Evaluation

- evaluation development



Wellness Measurement Tools

- Mostly Used

- World Health Organization Quality of Life, WHOQOL
- Job Content Questionnaire, JCQ
- Copenhagen Burnout Inventory, CBI

- Biomarker

- Cortisol level of serum, hair, saliva, urine
- Heart rate variability
- Brain functional MRI

The background of the slide features a soft, warm sunset scene. On the left, a street lamp with two glowing lights is visible, and a circular architectural structure, possibly a fountain or a walkway, is partially seen. The sky is a mix of orange, yellow, and light blue, with a bright sun creating a lens flare effect. The overall atmosphere is peaceful and serene.

Measuring Wellness Among Resident Physicians at NTUH

A pilot study

Basic Characteristics of Study Population

Characteristics	n	%
Gender (Man)	35	85.4
Marital status (single)	36	87.8
Department (Internal medicine)	33	80.5
Night shift QOD (Yes)	26	65
Having new patient (Yes)	40	97.6
24hr day off in one week (Yes)	28	68.3
Ever have medical dispute in past three months (Yes)	6	14.6
Characteristics	Mean	SD
Age	29.0	2.0
Working hours per day	11.1	0.8
Average consecutive working hours	33.2	6.3
Working hours per week	93.4	13.5

Preliminary Survey Result

Questionnaire	Mean	SD
WHOQOL (range 4-20)		
Physical	10.6	1.6
Psychological	11.9	1.8
Social	12.6	2.0
Environmental	12.4	1.9
CBI (range 0-100)		
Personal burnout	57.6	18.1
Work-related burnout	55.7	18.3
Over commitment	45.6	15.1
Client-related burnout	55.6	24.0
JCQ (range 0-100)		
Job control	65.2	8.3
Psychological demand	22.7	2.9
Physical load (1-4)	3.1	0.7
Job security	16.8	2.8
Workplace justice	23.5	4.9
Supervisor support (4-16)	11.0	1.9
Co-worker support (4-16)	12.6	1.5

Medical Professionalism Development need to balance 3 issues



Medical Professionalism Development *might be the key* to balance 3 issues



***Thank you
for your attention!***

