

Globally speaking : A North American initiative to increase Japanese student interest in Family Medicine

Eric Cadesky *¹, Hisayuki Hamada *², Manabu Yoshimura *³

*¹ McGill University

*² National Hospital Organization Nagasaki Medical Centre

*³ Japanese Association for Development of Community Medicine Ibi Community Medical Centre

Key words : Student interest, Japan, North America, Future of Family Medicine

【Abstract】

The Japanese healthcare system is being reformed to emphasize Family Medicine. However, medical students are not choosing careers in Family Medicine. Interestingly, many of the challenges facing student interest in Family Medicine in Japan are similar to those in North America: poor exposure to Family Medicine role models, unawareness of the opportunities in family practice, and an obscured identity of Family Medicine.

【Objectives】

1) To educate Japanese students, residents, and Family Physicians about these challenges; 2) To inspire them to increase student interest in Family Medicine at their home institutions; and 3) To provide them with the skills to create and manage Family Medicine Interest Groups (FMIGs.)

【Design】

A workshop created and facilitated by a Canadian Family Medicine resident followed by qualitative feedback from the participants about their learning, motivation, and confidence to start FMIGs.

【Main findings】

40 students, residents, physicians, and academicians attended the workshop. All participants highly rated the workshop and stated that they were now better informed of the global challenges facing Family Medicine. Furthermore, most participants reported that they were eager to start FMIGs at their home institution and that they felt confident in their new skills to start such groups.

【Conclusion】

A workshop created and facilitated by a Canadian Family Medicine resident for Japanese students, residents and physicians was successful in educating, empowering, and inspiring them to implement measures to increase student interest in Family Medicine in Japan.

【Introduction】

Japan is one of the world's wealthiest countries. However, despite economic prosperity and the world's highest average life expectancy ^{1,2)}, the country's health potential has not been realized due in part because Family Medicine remains underdeveloped ^{3,4,5)}.

Family Medicine in Japan is less than 30 years old but can be of great importance to the country. Firstly, the traditional hospital-based specialist care does not focus on whole-person care the way that Family Medicine does. Secondly, Family Medicine is uniquely focused to care for the family unit and the community as a whole. Moreover, Family Medicine is distinctive for its continuous care that also incorporates preventative care; this is especially important in a country where, for example, half of all males smoke ⁶⁾. Family Medicine is also financially prudent given the high cost of direct specialist care historically available in Japan ⁵⁾. Lastly, Japan's high life expectancy portends an aging population that will need physicians capable of dealing with several medical, social, and psychological issues at the same time ⁷⁾.

The Japanese government has recognized the importance of having strong Family Medicine in the country; indeed, recent reforms in the Japanese health care system stress the importance of primary care ⁸⁾. Currently, more than half of Family Physicians in Japan are more than 60 years old ⁹⁾; thus, for proposed reforms to occur it is necessary that more medical students choose a career in Family Medicine.

So why are medical students in Japan not choosing careers in Family Medicine? The answer is multifactorial:

- *Variety Obscures Identity.* Family physicians have such a wide and flexible scope of practice that this diversity makes it difficult for students to hold a prototypical definition of a family doctor ⁷⁾. Indeed, in Japan the role of the family physician is not well known amongst the public and even other physicians ⁴⁾. This is reflected in the myriad of terms used indiscriminately for Family Medicine (*Katei-Iryo*), General Medicine (*Sogo-Shinryo*), and personal doctor (*Kakaritsuke-I*)⁸⁾.

- *Disproportionately poor exposure.* Japanese students spend six years in medical school, followed by a two-year rotating internship and then a specialized residency. The first two years are classroom-based lectures given by professors chosen on the merit of their research, not their clinical skills ⁹⁾. The next four years are spent in hospital-based clinical training; learning in outpatient settings or off-site private offices is rare ⁹⁾. Indeed, even the 2-year "generalist" internship set up by the Ministry of Health, Labour and Welfare is hospital-based ^{10,11)} and not standardized ^{4,5)}.

- *Dearth of Departments.* Only half of medical faculties in Japan have a Department of Family Medicine or General Practice (*Sogo-Shinryo-Bu*) ^{4,7)}. Of those that do exist, not all proffer a practice model with full-scope "cradle to grave" care ⁴⁾. Further, many family doctors are isolated in solo practice and physically separated from the hospital-based teaching sites ⁴⁾. Thus, many students will never see the important and rewarding work of these family physicians.

- *Lack of Tradition.* Family Medicine is a relatively new specialty in Japan. This lack of history has translated into less prestige and has limited the field's political power within Faculties of

報告

Medicine and national organizations¹¹.

In sum, Japanese medical students are not choosing Family Medicine because they simply do not know what Family Medicine is^{4,7}.

This situation is not unique to Japan. In North America, student interest in Family Medicine is very much challenged by similar factors¹². One of the solutions from North America has been the creation of Family Medicine Interest Groups (FMIGs). FMIGs are student-driven initiatives to increase student exposure to Family Medicine through regular "meetings" with Family Medicine role models. This exposure early in medical education demonstrates the diversity of Family Medicine, supports medical students with interest in Family Medicine, informs students about Family Medicine training and careers, and educates students on the realities and rewards of Family Medicine¹³.

Given that student interest in Family Medicine in North America and Japan has the same challenges, we theorized that a successful initiative from North America—the Family Medicine Interest Group—could also work in Japan. Our goal was to begin the process of implementing FMIGs in Japan. Specifically we set out to a) raise awareness about FMIGs, b) endow leaders with the skills of how to form a group, and c) motivate and instill confidence to start a FMIG at their home institutions.

【Methods】

Participants were voluntary attendees of a workshop given on three occasions by one of the authors (EC): twice at the 2005 Asia Pacific World Conference of Family Doctors¹³ in Kyoto

and once for members of the Japanese Association for Development of Community Medicine in Tokyo¹⁴. The interactive workshop was designed for many levels of experience: students, residents, and staff. It began with a PowerPoint Presentation created by one of the authors (EC); the presentation highlighted the history and current state of Family Medicine in Japan and abroad and included the example of the McGill University FMIG model¹². The audience was then divided into smaller groups and each group was assigned specific questions to answer concerning various aspects of starting a FMIG (Appendix 1). The audience then reconvened and answers were discussed amongst the entire group. At the end of the workshop, participants were asked to complete and return an open-ended evaluation ("Were you satisfied with this workshop? Please provide comments.")

【Results】

40 students, residents, and staff attended the workshops. All participants submitted their comments. (Comments submitted in English are present in Appendix 2.)

All participants stated that they were satisfied with the workshop. Despite not specifically asking participants about their level of awareness, most participants volunteered that they were now better informed of the local and global challenges facing Family Medicine. Further, although many recognized the work ahead, most participants reported that they were eager to start FMIGs at their home institution; 30 (75%) stated that they now had the skills to start such groups and 26 (65%) reported that would be confident starting a group. Several participants commented that their skill level

and confidence were particularly increased as a result of having already thought through the details by way of concrete examples in the workshop.

【Discussion】

As with most places in the world, Japan is in need of strong Family Medicine to care for the population. In order to accomplish that feat, student interest in Family Medicine must overcome many systemic obstacles within medical education. In North America, Family Medicine Interest Groups have played a large role towards this goal.

Our study has shown that a short, inexpensive, well-planned intervention from North America can increase medical leaders' awareness of the challenges facing Family Medicine and that this intervention can also increase self-perceived skill and confidence levels to start a Family Medicine Interest Group.

The success of this workshop was likely due to many factors. Firstly, the workshop was based on specific, real-life scenarios and challenges. Secondly, the session was highly interactive and allowed for both group-work and individual reflection. Lastly, the workshop was adapted from a previous presentation¹⁵⁾ in order to provide the proper context for an audience of current and potential leaders in Japanese Family Medicine.

One weakness of this study is that this study does not quantitatively analyze the initiative to bring FMIGs to Japan. We did not specifically ask participants to comment on their level of awareness, self-perceived skill, and confidence. Consequently, our results likely underestimate the true effect of the intervention. Also, the

effects of our intervention may have limited generalizability because of a bias sample: the workshop participants were self-selected from the World Family Medicine Conference and a specific Family Medicine organization. Thus, the participants may have been more motivated than the average medical student, resident, or staff. However, it is precisely this type of individual who is most likely to take action and educate their peers about Family Medicine.

The next step will be to evaluate whether Family Medicine Groups can be successful in Japan and whether any unique difficulties arise within this movement. That stage of evaluation will take place at WONCA 2006 and other international meetings. In the meantime, the authors remain in contact with many of the participants via email.

In conclusion, a workshop created and facilitated by a Canadian resident for Japanese medical students, residents and physicians was successful in educating, empowering, and inspiring them to implement measures to increase student interest in Family Medicine in Japan.

報告

Appendix 1

Workshop Questions

- 1) What are the challenges facing student interest in Family Medicine at your school?
- 2) Who should be involved in the Family Medicine Student Interest Group?
 - What structure should the group have?
 - What should be the role of students, postgraduate residents, and staff doctors?
- 3) What are the goals of your FMIG?
 - How can you evaluate if these goals are met?
- 4) How can institutions communicate?
 - How can they share ideas?
 - How can they evaluate each other?
- 5) What type of meetings do you envision?
 - Will you get the best attendance over lunches? Over dinner? After classes?
- 6) What activities can your FMIG have?
 - Procedure workshops?
 - Anti-smoking campaigns?
 - Official mentoring dyads?
 - Career days?
 - Research days?
- 7) How often should your FMIG meet?
- 8) How can you fund you FMIG?
 - How can you ask your medical school or hospital for funding?
 - Should you ask pharmaceutical companies for funding?
 - What other resources do you have?

Appendix 2

Participant Comments (submitted in English)

- "Your presentation encouraged me"
- "I'm glad that others have this situation"
- "We can do something for medical students interested in Family Medicine"
- "I realized that an early, sufficient and effective exposure is important"
- "I am inspired to become more involved"
- "Thank you for the motivation to tell students the importance of Family Medicine"
- "Your story of FMIG in Canada is interesting"
- "Thank you for giving us detailed practical strategies to attract students to FM"
- "I wanted to start a group for Family Medicine and now I know how"
- "I can get new members for my FMIG"
- "Thank you for FMIG activity ideas"
- "Your workshop is very important because I can use these ideas to give students interest in Family Medicine"
- "I got the power and motivation for developing Family Medicine in Japan"
- "Thank you for your nice and fun presentation"
- "I can say 'I love Family Medicine!'"

報告

[References]

- 1) Ministry of Health, Labour and Welfare.
<http://www.mhlw.go.jp/english/database/db-hw/lifetb03/3.html>. Accessed July 2nd 2005.
- 2) World Health Organization. World Health Report 2000.
http://www.who.int/whr/2000/en/whr00_nex_en.pdf Accessed July 2 2005.
- 3) Organisation for Economic Co-operation and Development Health Care Reform in Japan.
http://www.oecd.org/LongAbstract/0,2546,en_2649_201185_1848604_1_1_1_1,00.html
Accessed July 2, 2005.
- 4) Yuakata I. Health care reform in Japan. Organization for Economic Co-operation and Development 2002.
[http://www.oecd.org/olis/2002doc.nsf/43bb6130e5e86e5fc12569fa005d004c/f7e4119f63434d22c1256b5e0057221e/\\$FILE/JT00120719.DOC](http://www.oecd.org/olis/2002doc.nsf/43bb6130e5e86e5fc12569fa005d004c/f7e4119f63434d22c1256b5e0057221e/$FILE/JT00120719.DOC) . Accessed July 2, 2005.
- 5) Takemura Y. Family medicine: what does it mean in Japan? *Asia Pacific Family Medicine* 2003; 2: 188-92
- 6) World Health Organization Regional Office for the Western Pacific, Media Centre Fact Sheet. http://www.wpro.who.int/media_centre/fact_sheets/fs_20020528.htm. Accessed August 10, 2005.
- 7) Ban N. Continuing care of chronic illness: Evidence-based medicine and narrative-based medicine as competencies for patient-centred care. *Asia Pacific Family Medicine* 2003; 2: 74-76.
- 8) Ohtaki J, Fujisaki K, Terasaki H et al. Special choice and understanding of primary care among Japanese medical students. *Med Edu*; 1996; 30: 378-84.
- 9) Shibata T, Banno T, Ishiguro T, Mori H. Primary care education given by general practitioners at a university (Japanese). *Japanese Journal of Primary Care* 1999; 22:335-41
- 10) Hock LK. Family Medicine in the land of the rising sun & graying hair. *College Mirror* 2004; 30: 14-15.
- 11) Hock LK. Family Medicine trainee from Japan. *College Mirror* 2005; 31(2): 18.
- 12) Cadesky E. One year later: My personal and professional journey in starting a family medicine student interest group. *Canadian Family Physician* 2005; 51: 918-921.
- 13) <http://www.wonca2005.jp/index.html>
- 14) <http://www.jadecom.or.jp>
- 15) Cadesky E, Wong, E, Leyenaar L, Vogt K. Family Medicine Interest Groups: A Student-Driven Initiative to Cultivate Interest in Family Medicine Career. Workshop presented at the Family Medicine Forum, Toronto, Canada on November 25th, 2004.

連絡先 : Eric Cadesky MD CM, CCFP
McGill University
Montreal, Canada
604-376-1144
eric.cadesky@mail.mcgill.ca