International Conference on Medical Education
in East Asian Contexts: Challenges and Opportunities

A Critical Review of the Medical Education in S. Korea

"Resident Training"

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Korean Education

Postgraduate Medical Education

<table>
<tr><td>2yr
Premed</td><td>4yr
Undergraduate</td><td rowspan="2">1yr
General
Rotating
Internship</td><td rowspan="2">4yr
Residency</td><td rowspan="2">1-2 yr
optional
Fellowship
Subspecialty</td><td rowspan="3">39mo
Army
duty</td></tr>
<tr><td>4yr
College</td><td>4yr
Graduate(PBP)</td></tr>
<tr><td></td><td></td><td></td><td>2yr
Master</td><td>4yr
Ph.D.</td></tr>
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S. Korean Medical Education

General overview

- Heavy emphasis on lectures and book knowledge
- Expert-centered curriculum
- Ill defined general consensus on resident education
- Relatively passive clerkship--much less involvement in patient care than in West
- Strong emphasis on specialty rather than general training

PGME

Apprenticeship-based Residency Program

- USA: 1889 William Halstead, John's Hopkins
- Apprenticeship-based residency program
- Resident evaluation by attributes, not by academic achievement
- Haphazard resident evaluation
- Opportunistic learning
- Require long years of training
- Missing critical situation

History of PGME: S. Korea

- A chaos after the liberation of Japanese occupation
- Began by government initiative in 1951
- 10 specialties were the first recognized by the government
- Adapting American resident system
- Underlying traditional Japanese Ikoku system
- Fixed flat 4-year specialty training after 1 year internship
- Mandatory certifying examination at the end of the training
- No change for more than 50 years

Current Status of PGME: S. Korea

- 3200-3400 postgraduate trainees annually
- Over 97% of medical school graduates are in PGME
- Significant imbalance between generalist vs specialist
- Almost all doctors are specialists
- Dissociation in specialty between practicing vs training
- Education not integrated between hospital and Univ.
- Organized by Univ. Hospital without Univ. education

Problems in Internship Training

- Routine work/chores
  I.V., ECG etc
- No induction course
- No educational overview, not enough supervision
- Cheap labor force
- No sense of belonging, and marginalization
- Not an active care team member
- Equivalent to 3 months of clerkship in N. America
- Current debate for abolishing internship training

Taiwanese Education

Overview: 1949-1997

- Deficient basic generic clinical competence
- No direct patient responsibilities (5, 6th yr)
- Clinical education by observation
- Overwhelming routine work during internship
  e.g. I.V., medical documentation
- Immediate residency training right after graduation
- Lost chance of improving further generic competence
- Generic competence deficiency

T.S. Chu et al. Med.Teacher Dec 2008

Dark Side of Korean Medicine

Overuse & Misuse of Technology

- Cause
  Inadequate generic clinical skill
  Lacking the concept of primary care
  Availability of state of the art technology
  Fee schedule of national health insurance
- Japan: Fragmented, episodic technical service provider
  Academic medicine, vol 85,No 2 234p
- Outcome
  Unnecessary increment of cost for care
  Delayed medical decision making
  Mechanical patient-doctor relationship

Are we playing same game?

Globalization of medical education

- May be same ball, but different rule
- Different output and outcome
- Excellent technologist
- Lacking founding generalism
- Not well-prepared for Western-style residency training
- Lacking big picture of PGME
- PGME operated by family affect

Current Assessment in PGME

Are we doing this in S. Korea? None

- 360 or Multi-Source Assessments
  Peer assessment
  Patient assessment
  Self-assessment
  Portfolio
-
- Clinical Simulation
  OSCEs with standardized patients (SPs)
  Incognito SPs
  High-teach simulations
  Virtual patients
  Web cam

Family as a Unit: Proximity

The Barrier to Assessment

- Familial affective contact
- Proximity in professional life becomes profanity
- Unethical for social institutions: "Favoritism"
- Familial relationship in social institution lacks justice
- 3rd party intervention is needed (ethics and justice)
  Levinas
- Moral hazard in closed culture: Asian value

So what's

STOPPING

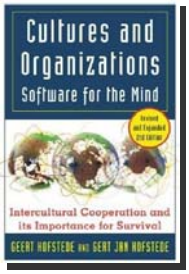
The CHANGE for more than 50 years?

How Did This Happen?

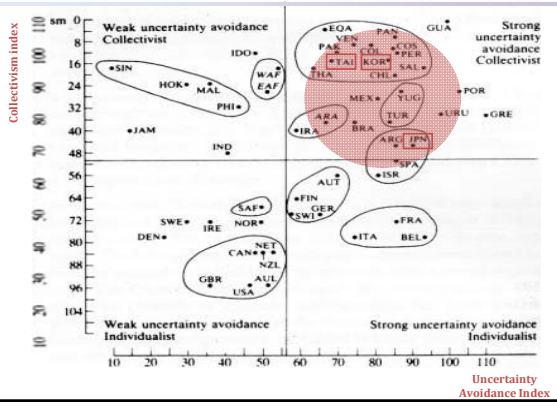
Cultural Background

- Common to Korea, Japan and Taiwan

- Strong Uncertainty Avoidance
- Collectivism
- High Power Distance



Collectivism vs. Uncertainty Avoidance



Power Distance in North Korea

Libertus Medicus(解放奴隸醫)

- Extreme hierarchy
- Extreme formality
- Structural violence
- One-way communication
- No constructive criticism allowed
- Conformity encouraged
- Collectivism
- Trans-generational legacy

Creativity & Personalities

Facilitating	Far East
• Non-conforming	• Conforming!
• Independent	• Collective
• Intrinsically motivated	• Extrinsically motivated
• Risking seeking	• Risk avoiding
• Tolerance of ambiguity	• Anxiety to ambiguity
• Above average intelligence	• Above average intelligence
• Energy	• Energy
• Self-confidence	• Family affect, not self
• Cognitive flexibility	• Prescribed thinking

Maddux & Galinsky

Language and Motivation/Competence

Schwarz, Scheiman & Ryan

Autonomy supportive/Neutral	Controlling
• Identifies supervisee's perspective and needs • Vitalizes inner motivational resources • Interpersonal support • Support supervisee's capacity for self-direction and autonomous self-regulation	• 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

의국醫局: Eukuk(韓): Ikoku(日)

- System from old German "academic chair"
- Department led by a patriarchal chair
- Mixed Personal life, Family life, Professional life
- Family affect among members (faculty, resident)
- Fostering tubular vision: family affairs
- No big picture: Hospital, University, Society etc

의국醫局: Eukuk(韓): Ikoku(日)

- Exercising educational autonomy
- Previously, education by rebate from ?
- Now, no departmental fund for education
- Familial institution vs Social institution
- No explicit educational objectives needed
- Passive identification of the chair

  " follow the leader!!!"

Changes in educational environment

Are we ready ?

Patient safety
Physician well-being and balanced life
Decreasing hands-on work experience
New educational methods for new technology
Quality education: efficiency
Harvard: mandatory simulation training
Competence before performance

The BIG Picture.

Enlightened Administration

- Term coined by F.D. Roosevelt
- Instead of individual state-run economic policy, federal government took initiative for the economic development plan to combat the Great Depression
- Factually well-informed, tolerant of alternative opinions, and guided by rational thought

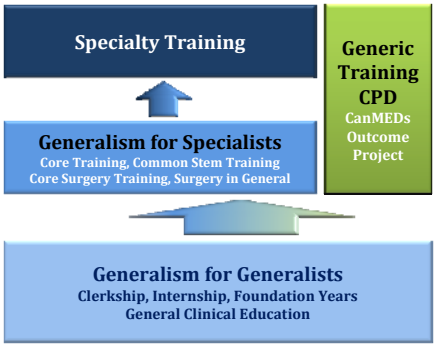
Enlightened Administration

- Coalition of executive power for PGME
- Medical schools, Specialty Colleges, Q/A Agency
- Integration among the stake holders for PGME
- National consensus on resident training
- Not departments' own independent training
- Integrated training across specialties

Packaged Leadership Methods

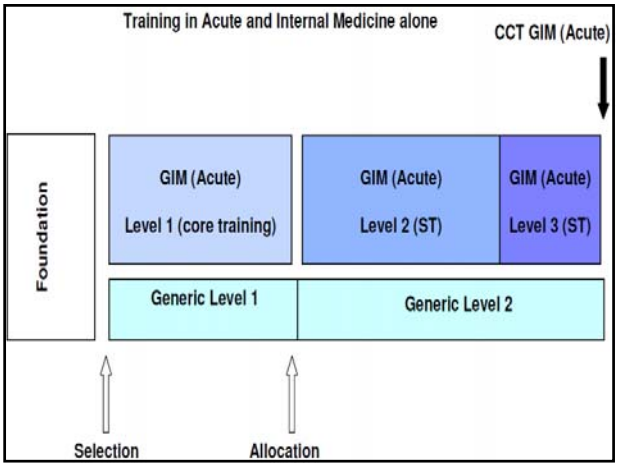
- MBO (Management By Objectives)
- American invention
- Democratic governance
- Enlightened administration
- Good internal, external communication
- Consensus, Collaboration for PGME

Current Resident Education



Korean Resident Education

- Having clinical competence is necessary condition! but not sufficient condition !
- No generic competence training yet (CPD)
  communication skill, ethics, management, teamwork, leadership, professionalism



UK Acute Medical Specialties

Core Training: Generalism for Specialist

- Level 1
  4-6 months rotation in acute medicine and
  medical specialties in 2 years
- Level 2
  Min. 2 year specialist training in
  General Internal Medicine (Acute)
  Acute care in hospital setting
  Symptom-based

Core Training: Content of Learning

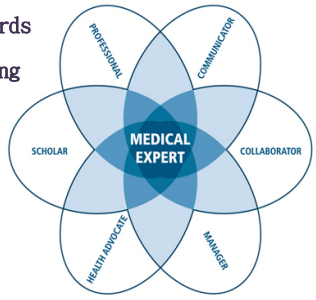
- Symptom competencies: Top 20
  E.g. Coma, Headache, Back pain etc
- System specific competencies
- Investigation competencies
- Procedural competencies

Generic competencies

- Professional, moral and legal framework
- GMC: Good Medical Practice
- Mandatory for specialty certification
- UK, Canada: CanMEDS
- USA: 6 competences, Outcome Project

CanMEDS Roles

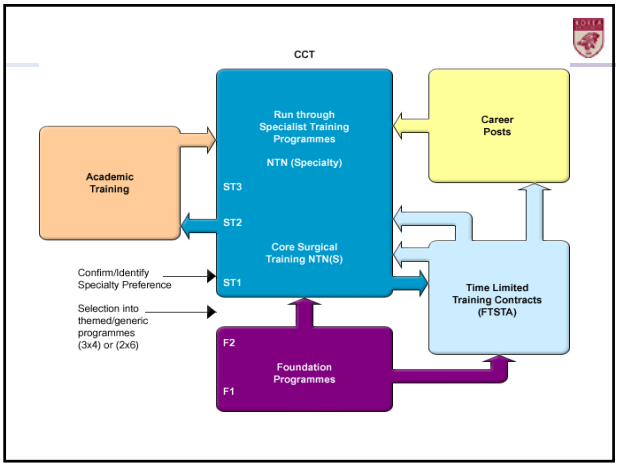
- Accreditation standards
- Objectives of training
- Exam blueprints
- Final evaluations in training
- Maintenance of competence(CPD)

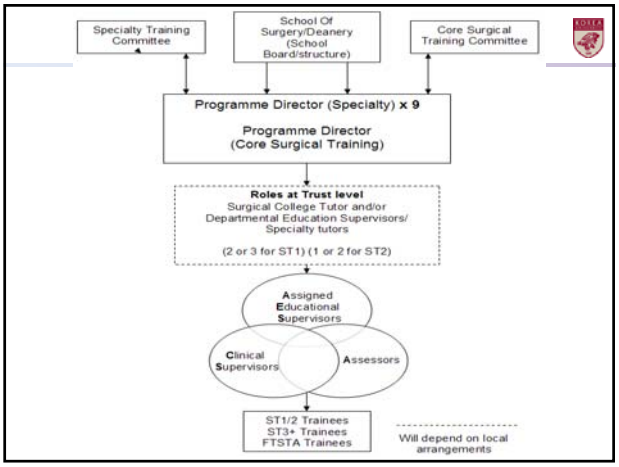


ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA | CANMEDS

Surgical Training in S.Korea

- Residency day 1 to the end: strict specialty
  training within individual divisional unit.
- No basic, or core surgery training
- U.K. 3 YR basic core course
- Canada: Core surgery course >1950s
- 18 - 24 Months basic, or core surgery





But how to change from within?

Professional Self-Regulation

- Uniform standards and guidelines for training in each specialty, created both by doctors and other citizens
- Accreditation of PGME
  Resident program must be certified to have the
  resources, faculty and patients necessary for training
- Resident salaries, duty hours, time distribution, and vulnerability are closely monitored

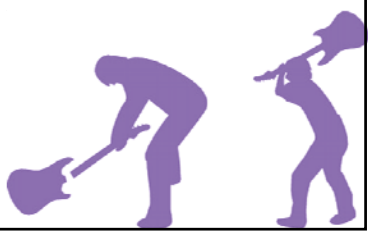
PGME Accreditation

- Canada:
  - Royal College of Physicians and Surgeons of Canada
    CanMEDs 2005
- USA :
  - Accreditation Council of Graduate Medical Education (ACGME-6 competences)
- Australia :
  - Australian Medical Council: SEAC
    Specialist Education Accreditation Committee
    WFME PGME standard
- Singapore :
  - ACGME International office

U.K. Quality Assurance of PGME

- Multi-dimensional Quality Assurance
- General Medical Council(PMETB) Q/A
  Postgraduate Medical Education Training Board
- Deanery Quality Management
- Colleges' /SACs' Quality Management

BREAKING TRADITION



Tribalism within Collectivism

- Government (MOH) regulation of PGME
- Departmental boundaries in PGME
- Less collaboration among medical schools, teaching hospitals, specialty colleges in PGME
- Much less infusion of new methods of educational theory and practice in PGME
- Ignorance of professional standards abroad

Universal Principles for PGME

- Adult learning theory, not slave driving theory!
- Education for stimulating curiosity, discovery, teamwork, and responsibility
- Fair competition improves performance & outcomes
- Public consensus of good physicians in society
- Rigorous professional standards for residents & teachers
- Hybridization(globalization and indigenization)
- Active international exchange

Primum Non Tacere

An Ethics of Speaking Up in PGME

James Dwyer; Hasting Center Report 1994

- Learn how to speak up!
- Learn to respect trainees
- Learn to prevent power abuse in hierarchal system
- Confucian virtue: To remonstrate…

- Learning to "play the game" in extreme hierarchy
  - Avoiding humiliation
  - Putting up with (enduring), silence
  - Recognition of the power differentials

Learning in Health and Social Care,2,4, 213-222

Changing East Asian Culture in PGME

- Helping residents to develop means encouraging their goals, not the professor's
- Foster residents to support his/her own decisions by expressing their own reasoning
- Accept ambiguity and uncertainty
- Preventing residents' voluntary asylum into the passive slavery mentality
- Respect residents as future colleagues, not as intimate family members

Cultural Hybridization for PGME

West

"honor code:"
individualism
Self-independent
Innovation
Cognitive flexible
Seeking different way

East

"honor code:" collectivism
Authority dependent
Conformity
Prescribed thinking
Seeking right way
Monologue

Ideal PGME

Current PGME	Future PGME
Patriarchal	Democratic
Authoritative, controlling	Autonomy supportive
Opportunistic	Systemic
Collectivism	Individualism added
Hospital lead	Medical school-led
Implicit objectives	Explicit objectives
Learning by identification	Adult learning
Apprenticeship	Structured apprenticeship

Problems with S. Korean PGME

- Non-existent consensus on educational objectives
- Unstructured, non-systemic
- Ill-prepared for specialty training
- Power abuse in extreme hierarchy
- Vulnerability of resident status
- No government funds for resident education
- Hospital-oriented education
- Out-of-university education

Recommendation

- Less traditional familial affects
- Introducing MBO
- Enlightened administration
- Emphasizing generalism in BME, PGME
- Producing more than technology experts(醫匠)
- Hybridization, internationalization

Levels of learning

	Objectives	Outcome
Informative	Information, skills	Experts
Formative	Socialisation, values	Professionals
Transformative	Leadership attributes	Change agents

EDUCATION OF HEALTH PROFESSIONALS FOR THE 21ST CENTURY : A GLOBAL INDEPENDENT COMMISSION