The Experiences of Japanese Generalist Physicians in Overseas Faculty Development Programs

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Background and Objectives: While many resources have been invested in sending Japanese physicians for advanced training in family medicine abroad, no known research examines the nature of their experiences. The purpose of this research was to investigate the impact of family medicine faculty development training abroad on participating Japanese physicians. Methods: We distributed a self-administered, semi-structured questionnaire to physicians identified as having completed a faculty development program abroad. Results: Sixteen (response rate 94%) physicians participated. The participants’ a priori goals included learning about family medicine and developing teaching skills. From observing precepting and small-group discussions, they learned new teaching approaches. Most reported their fellowship training as influencing current teaching, clinical, and research activities and as particularly enhancing their interest in clinical skills, learner-oriented teaching, and the doctor-patient relationship. They also reported formulating new ideas regarding teaching activities, department structure, and clinical care during their fellowships, though they have encountered barriers to implementing such reforms after returning to Japan. Conclusions: Faculty development training abroad contributes to all major aspects of physicians’ professional lives after returning to Japan, although many report difficulties implementing new teaching ideas after their return.

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The movement to establish family practice in Japan started about 20 years ago, and the specialty has recently witnessed burgeoning interest. There were 235 members of the Japanese Academy of Family Medicine in 1999. In just 2 years, the number climbed to 436 in September 2001 (personal communication, Tsukasa Tsuda, September 10, 2001). The first family medicine-oriented departments were established in 1981 at Kawasaki Medical School and in 1982 at Jichi Medical School. The first true community family practice residency program opened in Hokkaido in 1997. Though several academic departments and community hospitals in Japan are adopting a family medicine approach, the Japanese government does not recognize family practice (katei iryo) as a specialty. Defining the scope of practice, especially with regard to inclusion of pediatrics and obstetrics and gynecology, has proven especially difficult.

Still, the prospects for advancement of the discipline are bright. The Ministry of Health, Labor, and Welfare (MHLW) recognizes the need for training in generalist care. In addition, the Ministry of Education, Culture, Sports, Science, and Technology, the regulatory ministry of medical schools, recently approved establishment of new, hospital-based departments of sogoshinryo. Sogoshinryo literally means “integrated diagnosis and treatment,” though official translation of the term is general medicine.

Of the 35 university departments of general medicine in Japan, some have chosen a family medicine model, others have chosen a general internal medicine model, and others yet are evolving within the context of Japanese medical culture. While some departments have opted to establish their identity internally with faculty trained in Japan, others have sent faculty members to the United States and other Western countries for advanced training. The MHLW also has sponsored...
While many resources have been invested in these individuals’ advanced education, no known research examines the outcomes of their advanced training experiences. The research reported here sought to fill this gap by investigating the experiences of faculty who were trained abroad and the influence of their faculty development experiences on their careers after returning to Japan.

Methods

Subjects

Subjects for this study were Japanese physicians believed to have completed faculty development training in family medicine or general internal medicine abroad (defined as a country outside Japan) by June 30, 2001. We excluded physicians who completed only residency training and not faculty development training. Since the field of general medicine in Japan is small, we were familiar with the names of many eligible individuals. In addition, we contacted leaders of family medicine organizations in Japan for names of eligible individuals. Finally, we inquired at the MHLW for the names of individuals who had been sponsored by that institution for overseas faculty development training in primary care. The MHLW supplied a list of eight individuals who had received awards since 1997 (personal communication, Keigo Sasho, April 18, 2001). Three were currently in their fellowship, and two were found to be specialists. The combined recruitment strategy identified 19 individuals.

Survey Methods

In this study, we distributed a self-administered, semi-structured questionnaire to all subjects. The survey instrument integrated items asked in previous surveys in other settings about faculty development training as well as new items applicable to Japan. The survey questions dealt with the subjects’ goals during faculty development training, the educational activities in which they participated during training, the research activities in which they participated, and the influence of the training on their work after returning to Japan. Participants could return the survey by fax or e-mail. Reminders were sent twice to nonrespondents at 2-week intervals. Two weeks later, a third and final reminder that included the entire instrument was sent to the remaining nonrespondents.

Categorical data were entered into Microsoft Excel 2000 to examine frequency distributions. Qualitative responses were summarized for each question using an editing analysis style.

Results

Eighteen of 19 physicians to whom we distributed surveys responded. Two turned out to be ineligible because their faculty development training had not been in family medicine or general internal medicine. Consequently, 16 of 17 (response rate 94%) eligible physicians were included in the analysis. The demographics of the participants are listed in Table 1. Most participants were males in their early 40s who had spent about a year abroad and currently serve in teaching positions in their original departments.

Goals of Training

The most important goals of the participants’ training are listed in Table 2. Seven reported that after arrival, their goals evolved to focus on education of medical students and residents, two reported they added a focus on qualitative research, and one developed a heightened interest in the US medical system.

Activities

The participants attended a variety of educational activities for medical students and residents (Table 2). They found small-group discussions, case conferences, and precepting the most useful activities since they could directly observe teaching styles. Of the nine participants who attended five or more precepting sessions, all were in family medicine departments. The heightened interest in medical student and resident education was reflected by one participant who reported, “I was surprised how all the faculty were interested in medical education and that the teaching system was already well developed.”

The participants reported on the outpatient and inpatient clinical activities that they attended (Table 2). Those in family medicine fellowships and those in general internal medicine fellowships had different views on their most valuable clinical experiences. Participants currently active as family physician faculty reported that observing outpatient care was useful for learning how family physicians work in the community and how they approach patients and their families. Participants currently working in general internal medicine programs most valued their observations in the inpatient setting, which included small-group discussions and case conferences. General internal medicine participants had fewer experiences observing outpatient care than the participants of family medicine fellowships. Of the 10 physicians who observed 10 or more outpatient sessions, nine were in family medicine departments. Two participants certified in advanced cardiac life support and advanced neonatal life support training, and one also participated in an advanced trauma life support course.

These physicians attended a variety of educational activities designed to “teach the teacher” (Table 2). They
reported such activities as the most or one of the most helpful experiences for learning to teach, and they especially valued learning practical teaching methods. Two said their most valuable learning about teaching techniques occurred at workshops at academic conferences.
Twelve participants formulated new ideas on teaching, the structure of academic departments, and the health care system during their fellowships that they have not yet been able to implement in Japan (Table 4). Almost half the respondents reported treating children. Of those who do, only one is a university faculty member, one sees children in a community hospital in Japan, and the remaining five practice in the community, where they have little opportunity to teach medical students and residents. As a whole, all of them evaluated their training program as highly valuable. Regrettably, nine indicated that the English language barrier was a significant impediment, and another five reported it as somewhat problematic to achieving maximum benefit from the experience.

Discussion
What Japanese Physicians Gained in Faculty Development Training Abroad

As departments in Japan consider training experiences for their faculty members abroad, these results suggest training in family medicine departments may be more focused on outpatient care whereas general medicine program training may be more focused on inpatient care. Still, there were a number of commonalities in the experiences of those who trained in family medicine and those who trained in general internal medicine. Most developed a greater appreciation of the importance of the medical interview, physical examination skills, cost-effective care, and the doctor-patient relationship in education and practice. These are basic skills and concepts prerequisite to being a skilled physician that are often lacking in medical education in Japan.17 These results suggest emphasis on the precepting system, the freestanding family practice center as a clinical teaching site, and attendance in a variety of teaching settings have been most helpful to previous fellows.

Problems Encountered by Participants After Their Return to Japan

Most of the physicians who participated in fellowship training are currently working in teaching settings in Japan. It is disheartening that so few of these faculty members, especially in university settings, currently are allowed to care for children or deliver babies. The experiences of returnees in community-based settings do, however, illustrate the feasibility of the care of children. Such realities shed light on the structural, cultural, and institutional barriers to the provision of “cradle to grave” care, and the participants implementing their ideas after return to Japan.

This raises the question whether US faculty should provide teaching experiences in the care of children and women’s health issues, including obstetrics, to visiting fellows from Japan. Many will return to hostile university settings or large community hospitals where it will be hard to practice and teach the breadth and value of family medicine due to competition with specialists, selection bias of patients, and poor continuity.18 The current sociopolitical climate in Japan restricts...
family medicine-oriented physicians from practicing medical care with the entire spectrum of ages, one criterion the American Board of Family Practice emphasizes as a defining feature of the specialty. The philosophy of the Japanese Family Health Program of the University of Michigan, which hosts Japanese family medicine fellows, is that participants should be exposed broadly to cradle-to-grave care since the breadth of family practice may evolve in Japan.

Indeed, questions about the scope of practice of family physicians in Japan focus attention on the continuing lack of definition of family medicine in Japan. Japanese family medicine continues in an early stage of development despite its founding roots 20 years ago. A debate continues about how family medicine can best progress in the context of the Japanese setting. Not surprisingly, the debates focus on many of the concerns that family medicine in the United States faced historically. One important reason is that family practice has not been recognized as a specialty by the Japanese government. In the United States, family medicine experienced an exponential growth spurt after establishment of board certification in 1969 and recognition of the specialty. This provided a clear policy for training requirements. If board certification of family physicians were to be instituted in Japan, and standard criteria for residency training were developed, goals for faculty development experiences for future Japanese participants could be clearer.

Limitations
Since there is no master list of Japanese physicians who have pursued faculty development abroad in family medicine or general medicine, a potential limitation of this study is selection bias. While there are possibly others who would meet inclusion criteria, we think the number is quite small and that any missed subjects likely participated in general internal medicine programs. Since the network of family physician leaders in Japan is small, and they were consulted about eligible participants, we believe the study subjects closely approximate the target population. In addition, participants may have been reluctant to write negative comments about their experiences, though we think this unlikely, since their reported experiences were not reported in association with the site of their training.

Conclusions
There are few family physicians who have formally trained in family medicine and can serve as role models for students and residents in Japan. Though many report difficulties implementing new teaching ideas inspired by their training, faculty development training abroad contributes to most aspects of physicians’ professional lives after returning to Japan. We conclude that faculty development experiences abroad for Japanese physicians and attention to the content of that training are highly valuable for future family medicine leaders who will be positioned to help guide establishment of faculty development programs in Japan.

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