

Association for Surgical Education

Where do we start? The first survey of surgical residency education in Japan



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Abstract

BACKGROUND: Currently, Japan does not have a national standardized program for surgical residency. Therefore, surgical education information and strategies are not shared among teaching hospitals. This was the first study aiming to clarify the current situation of surgical residency in Japan.

METHODS: A questionnaire survey investigating the present situation of surgical residency was sent to the 76 teaching hospitals in Hokkaido Prefecture, Japan.

RESULTS: The response rate was 64.5%. Data from the 36 hospitals with active residency programs were analyzed. Most of the program directors (79.4%) were in charge of educational work for less than 5 hours per week. Although half of the hospitals had skills laboratories or simulation centers, only 2 used them routinely for their residency program. Half of the hospitals evaluated the residents' competency and the quality of their educational programs.

CONCLUSIONS: Structured programs and evaluation systems have not been integrated well into surgical residency in Japan.

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With increases in medicolegal concerns and awareness of efficient surgical education, leaders in surgery are faced with the challenge of providing high-quality programs for surgical trainees. The Accreditation Council for Graduate Medical Education (ACGME), Residency Review Committees, and the Surgical Council on Resident Education oversee the quality of residency program in the United States (US).^{1,2} In addition, educational societies such as the Association of Program Directors in Surgery and the

Association for Surgical Education cooperate with surgical societies to foster innovative research and development in surgical education.³ Because of the lack of supervisory organizations such as the ACGME that oversee postgraduate surgical education in Japan, each teaching hospital creates and conducts its own residency program without a national standardized syllabuses and curricula to follow. The graduates of medical school will be eligible to take the National Medical Practitioners Qualifying Examination, which is under the jurisdiction of Ministry of Health, Labor, and Welfare in Japan. The examination consists of multiple-choice questions, and the national average of pass rate was 91.2% in 2015. After passing the National Medical Practitioners Qualifying Examination, residents are obligated to complete a 2-year structured postgraduate clinical training. This includes a

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rotation of internal, emergency, and community medicine as compulsory subjects.⁴ The 2-year clinical training is equivalent to the internship year of American medical graduates or foundation programs in the UK. The training is followed by a core 3-year surgical residency program. After completing the postgraduate clinical training and surgical residency, residents can then apply to be accredited by the Board Certification of Surgery. One of the concerns with this system is that information and surgical education strategies are not being shared among teaching hospitals. The purpose of this study was to conduct the first survey aiming to clarify the current situation of surgical residency and the problems related to surgical education in Japan.

Methods

Survey development

The questionnaire items were created after 3 roundtable discussions among the authors, each of who were senior staff surgeons and in charge of teaching medical students and surgical residents at Hokkaido University Hospital. Items were selected after consensus by all authors was reached. The survey contained 29 items consisting of single-answer questions, multiple-choice questions, and scaled responses. The questionnaire investigated the basic information about the teachings hospitals, tasks of the program directors, contents of the residency programs, simulation training, evaluations of residents, and the residency program, and program directors' level of satisfaction with the residency program at their institution (Table 1).

Subjects

The questionnaires were sent by mail to the persons responsible for the surgical residency programs at the 76 teaching hospitals with university-based or community-based programs in Hokkaido prefecture. Hokkaido prefecture is the northernmost island in Japan, with a population

of 5.4 million and the area of 32,210 square mile. The subjects of the residency programs of these 76 hospitals included general surgery, gastroenterological surgery, thoracic surgery and cardiovascular surgery, and each hospital had capacity for 1 to 5 postgraduate year surgical residents.

Results

Demographics

Of the 76 surveys distributed, a total of 49 were returned (response rate 64.5%). Data from the 36 teaching hospitals that had active residency programs at the time of the survey were analyzed in this study. Of these 36 residency programs, 6 were university-based programs, 16 were conducted at hospitals affiliated with a university, and 14 were community-based programs.

Program directors

Most ($n = 29$, 81%) residency programs had directors, and all of them were surgeons. Regarding the amount of working time the directors dedicated to education, most (79.3%) focused on education for less than 5 hours per week. As shown in Table 2, program directors were responsible for various aspects of the residents' education. Most (72.4%) of the program directors had interviews with residents only when necessary, whereas some (17.2%) had interviews with residents several times each month.

Residency programs

Of the 36 hospitals analyzed, 31 (86%) had teaching activities outside clinical settings. The teaching programs included content to teach residents both cognitive and technical skills (Table 3). There was no program with mandated times for special training scheduled during working hours on weekdays like academic half day that is

Table 1 Contents of the questionnaire

Categories	Item contents
Demographics	Classification of the teaching hospital, number of beds, case volume of operations, number of residents
Program director	Existence of a program director, work schedule, contents of education, frequency of meeting with residents
Residency program	Program contents, education tools, academic half-days
Skills laboratories/Simulation centers	Existence of a skills laboratory or simulation center, frequency of use, access, variety of simulators, financial resources
Evaluation of residents	Existence of an assessment system, method of evaluation, frequency of evaluation, frequency of feedback
Evaluation of program	Existence of an assessment system, method of evaluation
Satisfaction of directors	Satisfaction of educators with their system of surgical residency and reasons for satisfaction/dissatisfaction

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