

Anesthesiology Resident Education in Okayama University Hospital, Japan

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Learner Audience: Resident education system in Japan/Okayama University Hospital (Tertiary teaching hospital)

Background: Shortage of the number of anesthesiologists in Japan has become a significant problem for health care delivery in Japan. The major reason for this change seems to be due to the nation-wide restructure of the intern-resident education system in Japan six years ago.

Prior to implementation of the new policy, medical students were able to select specialty at graduation, while nowadays, they can't choose anesthesia as the specialty until they complete internship for 2 years. They tended to choose affiliated city hospitals instead of university medical centers for their internship because of the better exposure to the primary care and the better financial support. As the result, attracting the interns to the field of anesthesiology, especially at university based program has become somewhat difficult.

Needs Assessment: It used to take six years of clinical training to become board certified anesthesiologists in Japan. However, after new education system, it will take eight years for medical school graduates to become a certified anesthesiologist. Furthermore, prior to the board certification, they are not able to stay at the university institution and get the specialty education, because they have to rotate several affiliated city hospitals to fulfill the departmental duty. As of the fifth year after graduation (PGY5), they are allowed to select their own course. Although they are able to have enough clinical training in anesthesiology, critical care and pain medicine, a system for comprehensive anesthesia education has not been established.

Hypothesis: With the introduction of a comprehensive anesthesia education system in our university hospital, the number of the interns who chose the field of anesthesiology would increase.

Curriculum Design: In our hospital, we have offered two specialized individual courses for the residents at PGY5; the PhD main course offers critical care, neuroscience, basic pain, and clinical research, and the clinical main course offers special training in critical care medicine and in chronic pain. Our foci of resident education are divided into five points: 1) to understand the new technology and genetics, 2) to optimize resources utilization, 3) to measure the improvement of quality of anesthesia care, 4) to master the team work with other health professionals, and 5) to maintain high ethical standard in the profession. Our residents are able to encounter and learn these three fields in the various hospitals for 5-6 years. Not only residents, we also instruct and provide instruction, and offer educational courses. We transfer the new knowledge, and stimulate their discovery. Thus, we create learning environments for them. After they get the certification as the specialized anesthesiologist, they can advance their own course.

Outcome: Three years prior to the implementation of the education system in our university hospital, only four to five interns elected anesthesiology in their specialty annually. However, under the new education system, we have been attracting at least 10 new residents annually to our institution for anesthesia training. Problems and Future View

In Japan, the standardized resident education has not been established. Therefore, there are wide varieties in the quality of anesthesia education among training institutions. We have to make the definite educational system in Japan. To establish such a system, we have to learn and adopt various education methods, including simulation training, small group teaching methods, advanced scientific course, PBLD, and mock oral board examination.