

# **B60: Going International with US Medical Education: Techniques from working between the United States and Japan**

May 6, 2014

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# Outline

**Intro (5min)** What brought you to this table?

**Presentation (15 min)**

1. My experiences
2. Common scenarios
  - Japan Tidbit
  - Do's and Don'ts

**Discussion (30 min)**

Please share your international teaching experiences

1. What were lessons learned?
2. Any tips for future medical educators?

# Scenario 1: The Nodders

Learners: A group of eager Japanese residents

**You:** Let's talk about UTIs. Does that sound ok?

**They:** All nod, eagerly.

**You:** Ok great. History is important, isn't it?

**They:** They nod.

**You:** What kind of history would you get to diagnose a UTI?

**They:** ....silence....

**What could be the issue?**

# Cultural differences

Japanese learners can be:

- More polite/shy, less vocal
- Really afraid to be incorrect
- Less likely to interrupt for any reason
- Less likely to volunteer an answer

# DO

- Investigate cultural characteristics of your learners
- Use visuals when possible (write on the board)
- Consider the extent of language barriers

# DON'T

- Assume that a nod means understanding
- Use leading closed-ended questions
- Be afraid if no-one answers
- Use acronyms, abbreviations, contractures, colloquialisms

## Scenario 2: Stuck already?

A new first year resident just presented a patient to you. But it was so disorganized that you have no idea what is going on.

**You:** ...maybe we should organize this better.  
Can you give me just the HPI?

**Learner:** (confused) ... HPI?

**What is happening here?**

# Structure of Japanese Medical Education



High  
school

Medical  
school  
(6 yrs)

Junior  
residency  
(required, 2yrs)

Senior  
residency  
(optional, variable)

**Medical school:** Clinical experience is mostly observation with little patient contact

**Junior residency:** When one learns basic practical “doctor” skills

**Senior residency:** Currently optional. Most FM residencies are 3 years

# DO

- Know their education system
- Be patient!
- Speak slowly and clearly
- Engage at the level of your learner
- Budget twice as much time that you would normally take to do an activity

# DON'T

- Use acronyms, abbreviations, contractures, colloquialisms

# Scenario 3: Off target

You are asked to give the residents a talk on how to deal with common challenges. You talk for 15 min about narcotic-seeking patients and how to manage them. Everyone is listening, it's going well.

**You:** Any questions?

**Learner:** Actually, we can't prescribe narcotics to patients unless they are terminal cancer patients.

**You:** ...oh.

**How could this have been avoided?**

# Differences in medical system

- Everyone has insurance
- The general population is much more elderly
- Testing is much cheaper
- Clinic visits are often shorter, and length of stay in the hospital is often much longer
- There are different boundaries for what FM physicians can do in Japan

# DO

- Try to know major differences in the medical system
- Do an adequate needs assessment of your learners
- Check in frequently to make sure they are still with you

# DON'T

- Be afraid to use an interpreter if available
- Assume that they have the same issues

# Discussion

Please share your international teaching experiences

1. What were lessons learned?
2. Any tips for future medical educators?

