Recently, community-based medical education has become big interest in Japan. This education was effective in fostering health personnel who are responsive to community needs. In 2001, the Report of the Coordinating Council on the Reform of Medical and Dental Education of the Ministry of Education, Culture, Sports, Science, and Technology proposed a model for an integrated medical education curriculum, i.e., a model core curriculum. In 2007, the model core curriculum was revised, and it adopted a clinical training program in the community. Thus, the community-based medical education has been introduced in many medical schools and teaching hospitals and clinics in Japan.

Spread of medical education into community settings has raised issue concerning instructional quality. One of the purposes of community-based medical education is to motivate medical students to provide general practice in community settings. Well prepared community-based medical education can produce the positive effect on their motivations. In addition, the undergraduate exposure to underserved areas has multiple beneficial implications: motivations, psychosocial understanding, social responsiveness, and so on, for students. Confidence, enjoyment and self-belief are vital factors in student’s behavioral change and motivation. Thus, based on the evaluation of the programs, the program managers and teaching staff should produce high quality programs of community-based medical education.

Meanwhile, through clinical training program in the community setting, medical students should obtain clinical skills that are required for providing the integrated community health care. According to the model core curriculum, medical students are needed to learn the following outcomes from community-based clinical training: primary care, cooperation among community hospitals and clinics, emergency medical care in community, home care, team medical care involved in multiple professions, and prevention and health promotion activities. Kikukawa M. et al reported that medical students gained four competency from their experiences during the clinical training in community setting: inter-professional working, trust based relationship, roles of community hospitals, and patient-centered medicine. Also, from the view point of the competency, well-prepared clinical training program in community setting will lead medical student to become a promising young physician who will work in community.

In Japan, community medicine is defined as medical care for a patient that does not only treat his/her health problems but also supports his/her quality of life in the community. The program managers and teaching staffs should take effort to develop or improve the students’ recognizing the significance of community.
medicine, their understanding community systems, and their clinical skill, to forerster health personnel who produce community medicine. Of these perspectives, the experiences in community though community-based medical education are essential to develop students' awareness of the community medicine. Thus, educational institutions: university, medical school, and teaching hospitals, should be promoted to perform medical education in the community setting. Residents who had worked at a practice in community during residency training were significantly more likely to change their career plans from other specialties to primary care. Therefore, repeatedly exposures to community medicine during undergraduate medical education and residency clinical training can play key role to forerster physicians who are responsive to community needs. There are lots of educational resources in the community setting; healthcare activity, immunization, health promotion, medical checkup, day-care, home care, nursing care home, traditional events, and so on. Experience of health education or home care could improve students' awareness of the significance of community medicine. Utilizing the continued exposure to these resources, would step up the community-based medical education to higher quality level.

References