How can Japanese University-based Primary Care Physicians Attend International Conferences?

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Background: Activity in international conferences is essential for the academic progress of primary care in Japan. We aimed to clarify the obstacles Japanese university-based primary care physicians face in attending and presenting at international conferences.

Methods: We conducted a questionnaire of 10 residents and 22 physicians in the Department of General Medicine and Primary Care at the University of Tsukuba.

Results: The primary obstacle preventing conference attendance was English language skills. A secondary obstacle was insufficient time off work.

Conclusions: Additional support in English language skills and time off work is necessary to promote attendance at international conferences.

Keywords: Japanese primary care physicians, international conferences, English skills, time

INTRODUCTION

Attending conferences and presenting research material is one of the key factors of scholarship activity.¹ In this era of internationalization, attending and presenting at international conferences is essential for the academic progress of primary care in Japan. Not many Japanese primary care physicians attend international conferences, and even fewer make presentations at these events.

English language is one of the obstacles for non-English speakers. Moreover, anxiety to speak in a second language can impact academic behavior.² We aimed to clarify the obstacles Japanese university-based primary care physicians face in attending...
and presenting at international conferences, and the support they require. Since similar research concerning Japanese primary care physicians has not been previously reported, we attempted to describe their views by surveying a specific primary care department in Japan.

METHODS
We conducted a questionnaire-based survey of the 11 residents and 36 attending physicians in the Department of General Medicine and Primary Care at the University of Tsukuba in 2012. We asked the respondents to answer the questionnaire either directly or by email.

The questionnaire was anonymous, self-administered, and taken in Japanese. We asked about the respondents’ experience, willingness, and obstacles in attending and presenting at international conferences, their self-rated English-speaking skills, and their desired support for presenting at international conferences.

We used a 4-step scale for questions about the respondents’ willingness to attend or present at international conferences. The responses consisted of ‘willing to attend or present within a year’, ‘willing to attend or present provided the opportunity’, ‘willing to attend or present someday’, and ‘not willing to attend or present’. We also used a 4-step scale for questions about the respondents’ self-rated English-speaking skills.

The respondents chose from multiple choices for questions about obstacles and desired support for international conferences. Multiple answers were allowed. Along with obstacles, we asked whether they had research material to present to assess their preparation for presentation.

Since our aim was to obtain descriptive data of Japanese primary care physicians from a small sample, we did not perform any statistical analyses.

RESULTS
Ten residents and 22 attending physicians answered the questionnaire, giving a response rate of 68%. Fifteen respondents (43%, including 1 resident) had attended an international conference and 7 (22%, 1 resident) had given a presentation at an international conference.

Attendance and presentation at international conferences
Twelve respondents (38%, including 3 residents) were ‘willing within a year’ to attend and 7 (22%, 1 resident) to present at international conferences. Other responses for attendance and presentation, respectively, were: ‘willing provided the opportunity’ 8 (25%, 3 residents) and 12 (38%, 4 residents); ‘willing to someday’ 7 (22%, 3 residents) and 9 (28%, 4 residents); and ‘not willing to’ 5 (16%, 1 resident) and 4 (13%, 1 resident).
Obstacles preventing attendance and presentation (Figure 1A)
The most frequent reason for not attending or not presenting at international conferences was ‘not enough English skills’ (19 respondents [59%] including 7 residents; and 22 respondents [69%], 8 residents, respectively). Next was ‘work duty’ (15 [43%], 6 residents, and 13 [41%], 3 residents, respectively), followed by ‘not enough time,’ (9 [28%], 5 residents, and 6 [19%], 3 residents, respectively). Eight respondents (25%, 3 residents) selected ‘no research material to present’.

Self-rated English-speaking skills
Ten respondents (31%, including 3 residents) selected ‘lack of basic English skills’, 15 (47%, 5 residents) selected ‘basic English skills’, and 7 (22%, 2 residents) selected ‘intermediate English skills’, when asked to rate their English-speaking skills. No one selected ‘advanced English skills’.
We calculated the respondents’ willingness to attend or present at international conferences according to their self-rated English-speaking skills (Figure 2). Of those who selected ‘lack of basic English skills’, 20% were willing to attend within a year, and 10% were willing to present within a year.

Support desired for conference presentation (Figure 1B)
‘Support for English skills’ was the most desired support for presentation, with 24 respondents (75%) selecting this answer. Twenty-one respondents (66%) selected ‘technical support’, 19 (59%) selected ‘control of work time’, and 8 (25%) selected ‘financial support’.

DISCUSSION
Our study found that the primary obstacle for attending international conferences was lack of English skills, with 75% of respondents desiring support for their English skills. Even some of those who rated their English skills as low were willing to attend international conferences. Therefore support for English skills may be essential to promote attendance.
A secondary obstacle was insufficient time off work. Control of work time may be another way to support those who are willing to attend international conferences. The respondents also desired technical and financial support for presentations. While support for English may be important for non-English-speakers, protected time, technical support for presentations, and financial support are common characteristics for creating a research culture in primary care. DeHaven et al identified some characteristics of residency programs in family practice that are successful at resident scholarship: program director support, time, faculty involvement, a research curriculum, professional support, and opportunities for presenting research.1 Teaching research skills in family medicine residency is challenging due to time constraints and funding limitations.3 Protected time and both professional and
financial support are needed for more Japanese primary care physicians to present at international conferences. There are several limitations in this study. We conducted the study at only one university-based primary care department. A larger study is needed to analyze the trends of residents and staff physicians separately. We used attendance and presentation for measuring activity in conferences. These measures, along with the items chosen as obstacles, may need validation in the further study. Two of the obstacles in the present study, ‘work duty’, which meant unable to leave work because of no substitute, and ‘not enough time’, which meant lack of time regardless of work duty, may have been confusing. We used self-rated English skills due to the feasibility of the research, but objective measures may have been more appropriate.

CONCLUSION
Many Japanese university-based primary care physicians are willing to attend international conferences; however support for English skills and time off work are needed to promote attendance.

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