Short Report

The Current Status and Issues of Clinical Training Workshops for Attending Physicians at Kyorin University Affiliated Hospital

Yasuhiko Tomita*1 Tomoharu Yajima*1 Michio Akagi*1 Makiko Kinoshita*2

Abstract

Objective: To analyze participants’ opinions regarding the content of clinical training workshops for attending physicians.
Method: A total of 225 people participated in the workshops (approximately 17 hours in 2 days) that were held between 2013 and 2016. We provided the following training sessions: (1) Kawakita Jiro Method (KJ), (2) Process of clinical training, (3) Training program planning procedure, (4) Training objectives, (5) Classification of objectives, (6) Professionalism (PF), (7) 6 Microskills (6MS), (8) Significant event analysis (SEA), (9) Training strategies, (10) Coaching, (11) Educational evaluation, (12) Clinical training systems (CTS), and (13) Roles of attending physicians (RAP). We only used the results of questionnaires obtained from participants who consented to the investigation, and reviewed them for (1) training proficiency, (2) session interest, and (3) course evaluation.
Results: Training sessions showing high proficiency were KJ, RAP, and CTS, and those indicating low proficiency were educational objectives, SEA, and PF. Training sessions that were of great interest were 6MS, Coaching, and KJ.
Conclusion: In the evaluation of the entire course, overall value scored the highest, followed by significance of future participation and applicability of content. Overall, the participants felt that the time for the training course was a little long and that the difficulty level was somewhat high.
Keywords: attending physician, workshop, clinical training

Introduction

In Japan, a new clinical training system came into effect in 2004. It specifies the requirements for clinical attending physicians, who play a pivotal role in supervising residents. The Ministry of Health, Labour, and Welfare (MHLW) announced the "Enforcement of ministerial ordinance on clinical training” as specified in Article 16–2, Paragraph (1) of the Medical Practitioners Law. The requirements include participation in and completion of a “clinical training workshop for attending physicians,” conducted in accordance with the “Guidelines for conducting training workshops for attending physicians (Notification No. 0612004 of the Health Policy Bureau, dated Jun 12, 2003, and partially revised on December 10, 2014).”

Our teaching hospital started a clinical training workshop for attending physicians in 2004, and 26 workshops had been held by the end of

*1 Department of Medical Education, Faculty of Medicine, Kyorin University; Kyorin University Affiliated Hospital General Education Center
*2 Kofuen Hospital
Table 1 Schedule

<table>
<thead>
<tr>
<th>Training Subject</th>
<th>Average time (minutes) taken for each training session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-introduction of external staff</td>
<td>28</td>
</tr>
<tr>
<td>Orientation</td>
<td>23</td>
</tr>
<tr>
<td>How to summarize opinions using KJ method</td>
<td>104</td>
</tr>
<tr>
<td>How to set training objectives</td>
<td>177</td>
</tr>
<tr>
<td>Education of professionalism</td>
<td>35</td>
</tr>
<tr>
<td>Feedback method and 6 microskills</td>
<td>53</td>
</tr>
<tr>
<td>Significant event analysis</td>
<td>51</td>
</tr>
<tr>
<td>How to create training strategies</td>
<td>134</td>
</tr>
<tr>
<td>Principles of educational evaluation</td>
<td>161</td>
</tr>
<tr>
<td>New clinical training system and certificate completion</td>
<td>17</td>
</tr>
<tr>
<td>Coaching</td>
<td>32</td>
</tr>
<tr>
<td>Role of attending physicians</td>
<td>47</td>
</tr>
<tr>
<td>Other</td>
<td>163*</td>
</tr>
<tr>
<td>Total</td>
<td>1025</td>
</tr>
</tbody>
</table>

*Including: Reflections and review of curriculum planning, clinical training, communication in medical treatment, dealing with difficulties in communication, etc.

2016. We provide one-night, two-day training sessions, at the end of which we ask participants to fill out questionnaires stating their opinions on workshop content and attending resident education. Answers reflect ideas and attitudes for resident education, how much participants understand what they have learned in the sessions, and thoughts about the methods we employ to carry out the sessions. These data are important resources for understanding the current status of the training sessions and discussing how the sessions should be held in the future. In this study, after obtaining consent from the participants, we analyzed answers collected between 2013 and 2016. We also took into account earlier reports on ideal methods and plans for future training sessions, based on the opinions of participants (physicians and medical staff) with regard to the content of training workshops for attending physicians.

Method

A total of 225 participants took part in the workshops for attending physicians, held twice yearly from 2013 to 2016. Training sessions totaled approximately 17 hours, spanning two days. Attendants were comprised 190 of physicians including 30 external physicians, 35 medical staff including 20 nurses, 7 clinical technologists, 4 pharmacists, 2 nutritionists, and 2 medical social workers. Table 1 gives an overview of time per training session.

Training subjects commonly discussed in training sessions included (1) How to summarize opinions using KJ methods, (2) Process of clinical training, (3) Training program planning, (4) How to set training objectives, (5) Classification of educational objectives, (6) Education of professionalism, (7) Feedback methodology and 6 microskills (6MS), (8) Significant event analysis (SEA), (9) How to create training strategies,
(10) Coaching. (11) Principles of educational evaluation. (12) New clinical training system and certification for course completion, and (13) Role of attending physicians. All of these subjects were analyzed in the training sessions.

As explained above questionnaires were only used from participants who consented to subsequent analysis for educational research.

Based on the questionnaires, we reviewed (1) training proficiency (3-grade rating scale [RS]), (2) session interest, and (3) course evaluation (5-grade RS) in terms of (i) overall difficulty, (ii) course length, (iii) applicability of content, (iv) significance of future participation, and (v) overall value.

Results

(1) Training proficiency (Figure 1, Top)

Using a 3 grade rating scale (RS), the five training sessions showing the highest proficiency were (in descending order): How to summarize opinions using the KJ method (2.63), Role of attending physicians (2.44), New clinical training system and certification for course completion (2.42), Feedback methodology and 6MS (2.36), and How to set training objectives (2.36). In contrast, the five training sessions indicating lowest proficiency were (in ascending order): Education of professionalism (2.07), SEA (2.16), Classification of educational objectives (2.18), How to create training strategies (2.2), and Principles of educational evaluation (2.2).

(2) Session interest (Figure 1, Middle)

The five training sessions found most interesting were (in descending order): Feedback methodology and 6MS (41.15%), Coaching (34.07%), How to summarize opinions using KJ method (25.66%), SEA (23%), and Education of professionalism (20.35%). The five training sessions of lowest interest were (in ascending order): Process of clinical training (2.65%), New clinical training system and certification for course completion (4.87%), Classification of educational objectives (6.19%), Principles of educational evaluation (8.4%), Training program planning procedures (9.29%).

(3) Course evaluation (Figure 1, Bottom)

Evaluation of training session content showed that scores on a 5-grade RS were high at 4.02 for overall value and 3.89 for significance of future participation, followed by 3.5 for applicability of content, i.e., whether this session should be introduced in the future. The score for course length (1. too long, 3. appropriate, 5. too short) was 2.71, indicating that the participants felt the training course time to be a little long, and the score for overall difficulty (1. too difficult, 3. appropriate, 5. too easy) was 2.49, indicating that the level of training appeared somewhat difficult.

Discussion

As a formal requirement for attending physicians who provide initial training for residents, the "completion of a clinical training workshop for attending physicians" was introduced in 2009. Responding to this requirement, official workshops have been implemented across Japan. These workshops are organized by clinical training facilities such as university or teaching hospitals, regional medical associations, and local governments.

In accordance with the already existing guidelines for clinical training workshops, we started clinical training in 2004. We requested participants to answer questionnaires at each workshop and allow us to use them in subsequent analysis. We have continued to improve the questionnaires by cross-checking with clinical training workshops held at other facilities\(^3\) while also consolidating questionnaire content. We analyzed the answers obtained from partici-
pants who consented to their use for educational purposes. We found that training proficiency was rated high for KJ methods, Role of attending physicians, New clinical training system and certification for course completion, 6MS, and Training program planning procedures. Furthermore, the participants were highly interested in 6MS, Coaching, KJ Methods, SEA, and Education of professionalism.

Although Education of professionalism and SEA were the fourth and fifth most interesting sessions, respectively, they recorded the lowest
training proficiency for course participants, which suggests that these themes are difficult to master. Indeed, attending physicians have struggled with teaching professionalism to residents in clinical settings. Miyata\textsuperscript{5} reported that it is important to assist attending physicians in cultivating a professional identity in residents, for which reflection on past workshops is necessary. On the other hand, Shiga\textsuperscript{6} suggested that professionalism should be taught not only by individuals but also by medical personnel groups. SEA is one reviewing method associated with teaching professionalism\textsuperscript{7,8} and is used in clinical training settings\textsuperscript{9}. Therefore, clinical training workshops are likely to provide a favorable opportunity to discuss the acquisition of professionalism with other participating medical staff members.

Based on the results of this study, the training sessions that the participants were most interested in were specific instruction methods such as Giving feedback and Coaching. Similarly, among the items requisite for attending physicians and described in the MHLW guidelines, the most interesting subjects for attending physicians were specific instruction methods. Therefore, 6MS, Coaching, and SEA turn out to be the most appropriate subjects for introduction at workshops. Training proficiency and session interest were somewhat low for Training program planning procedures, which is a principal item in the clinical training workshops. Thus, reflecting on the needs of the participants, this item should be simplified, and more understandable training sessions should be planned. Although understanding the outline of program planning is important, in clinical training settings only one or two attending physicians are assigned for program planning and design in each department. According to Terasawa\textsuperscript{10}, the model program for government-led clinical training workshops for attending physicians is unconventional because it deviates from the other educational and clinical training sessions. The training program should be changed to emphasize learning more specific methods to address the needs of residents, which will improve evaluation and participant satisfaction, as well as increase the motivation of the participants for education. Hatao\textsuperscript{11} reported that attending physicians should know the objectives, strategies, and fundamental principles of evaluation for program planning, and that program planning is a necessary mainstay of clinical training. To some extent, attending physicians should be aware of the common program planning outline. For more details, a 2-step method may be introduced with further training workshops such as an advanced course for persons responsible for planning training programs. Moreover, by enhancing instructive methods useful in a clinical training setting, educational awareness and motivation of participants is expected to improve. Based on these considerations, we simplified the training session for Training program planning procedures in our recent clinical training workshops by integrating the strategy and evaluation sections as much as possible. Furthermore, we have made efforts to expand buzz sessions for Coaching, 6MS, and SEA. Iwata et al\textsuperscript{12} are reporting that the rate of participant satisfaction increased greatly after similarly revising course content at Kobe University.

Based on the 5-grade RS, participant evaluation of our clinical training workshops was favorable, with 4.02 for overall value and 3.89 for significance of future participation. Yasuda\textsuperscript{13} had previously reported the following results: In the participant evaluation of clinical training workshops, 46.9% of the participants answered "helpful for attending physicians", 30.1% answered "difficult to determine", and 19.7% answered "not helpful", with positive responses accounting for less than half of all answers. The training
sessions rated useful by the participants were (in descending order): "Resident training methods" (86% of participants), "Appropriateness for attending physicians" (83.6%), and "Planning of training programs" (79.2%). Takemura et al\textsuperscript{14} reported that this type of workshop would be effective in building knowledge and attitudes appropriate to clinical education.

Many participants may have judged the usefulness of our clinical training workshops positively because the majority of them are staff at our facility (225 – 30/225 ≈ 87%) and because the training sessions lasted two days.

Similar to our own analysis, participants in the study by Yasuda\textsuperscript{3} answered that the two training sessions on specific instructive methods were the most useful followed by Training program planning procedures. Yasuda\textsuperscript{13} also reported that the issues for attending physicians were (in descending order): (a) clinical experience, (b) teaching experience/knowledge, (c) specialist accreditation, (d) experience of participating in clinical training workshops for attending physicians, and (e) research experience. Therefore, the necessary education should be provided onward from pre-graduation or residency training. If such opportunities for further learning are provided at training workshops for attending physicians, satisfaction with training workshops can be enhanced and the sense of difficulty reduced.

In general, even if the training session is only two days long, the actual total training time still comes to at least 16 hours\textsuperscript{2}. Our facility provides approximately 17 hours of training on two consecutive days. Even given this compressed total training time, the participants still consider it to be slightly long.

Similarly, the satisfaction rating in the previously cited report of Iwata et al\textsuperscript{2} showed no improvement regarding total training time.

The present study is based on the observations of participant questionnaires. It is not meant to provide research along the lines of randomized control trials or cohort studies. In this sense our study is limited in scope.

On the other hand, we should continue to have an introspective attitude as professionals in medical education\textsuperscript{5,6,7,8,9}. When we hold clinical training workshops and teach program planning, we should reflect on the programs at past workshops and improve program planning by considering not only official needs but also the above-mentioned needs of training participants.

**Conclusion**

Workshop participants were highly interested in specific instructive methods, such as 6MS, Coaching, and SEA, but showed less interest in Training program planning procedures, which is a mainstay of clinical training. For Education of professionalism and SEA, the training proficiency of the participants was low, yet interest was high. Participants evaluated the clinical training workshops positively. The training course time of 17 hours over 2 days appeared somewhat long for the participants.

The research ethical review board at our facility found no ethical problems with our research (No.H26-171).

The abstract of this paper was presented at the 47\textsuperscript{th} (Niigata), the 48\textsuperscript{th} (Osaka) and the 49\textsuperscript{th} (Hokkaido) Annual Meeting of the Japan Society for Medical Education.

**References**


2) Guidance for conducting a clinical training workshop for clinical attending physicians, with a relation to clinical trainings for physicians.
1) Japan Municipal Hospital Association, URL: https://www.jmha.or.jp/jmha/seminar/ (accessed 8 June 2018)


5) Iwata k, Kitamura M, Kanazawa K, Nibu K, Kanda F. The reform of faculty development workshop at Kobe University Hospital: To be more independent and proactive. *Medical education (Japan)* 2013; 44: 358–63.


10) Takemura K, Ohya Y. Effectiveness of Faculty Development Workshop for Clinical Education at the University of the Ryukyus. *Medical education (Japan)* 2015; 46: 475–81.