

General Medicine

1. Staffs and Students (April 2010)

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Department of General Medicine was established in 2000, when Prof. Yujiro Tanaka assumed the role of chairman of the department. Since then, our aim has been to coordinate and support a wide range of new innovations for the department of medicine and its affiliated hospitals. Accordingly, we launched the following projects to carry out our mission; 1) Designing a new postgraduate clinical training program for TMDU affiliated hospitals, 2) Forming a patient support system including social casework, 3) Establishing the Center for Cell Therapy, and 4) Reforming undergraduate medical education.

In response to the expansion of our activities, we have had some reforms in our organizations. 1) We founded the Center for Postgraduate Medical Education in 2002. (Director: Prof. Tanaka. Associate Director: Dr. Masanaga Yamawaki/former, Dr. Yoshihito Momohara/former, and Dr. Makoto Takahashi/previous) 2) In 2002, we also established the Center for Health and Welfare. And two years later in 2004, it was developed into an independent center as the Department of Medicine when Dr. Masayoshi Shichiri was appointed as the Director. 3) The Center for Cell Therapy, which was first established as a part of the Blood Transfusion Department in March, 2001, became an independent organization in 2003. Then Dr. Tomohiro Morio became the director. 4) Prof. Tanaka became a member of the Board of Education and worked at the committee for curriculum renovations in the Department of Medicine. Then he became the chair of the Education Committee in 2004.

In addition to the curriculum reforms, the Department of General Medicine has been in charge of early clinical training, PBL implementation, supervising patient-doctor communication education, OSCE (objective structured clinical examination) preparation, and BSL (bedside learning). We have also promoted educational alliances with Harvard University since 2002 and with Imperial College, London since 2003.

As mentioned above, a couple of years after their launch, the Center for Health and Welfare and the Center for Cell Therapy became independent from the Department of General Medicine. Meanwhile, new working groups were formed within the department in 2004; the Working Group for Ward Management and the Safety Management Committee. The Department of General Medicine also devised an evaluation system for the residency training program (EPOC), which was later adopted as a national online evaluation system for postgraduate clinical training. We are working in close cooperation with Center for Interprofessional Education which we took in part of its establishment to materialize the interprofessional education introduced due to a revision of new curriculum in 2011.

2. Education

Undergraduate Education

As a division, which is responsible for the education of students and residents, our primary goal is to foster doctors who have both a 'patient-centered perspective as a specialist' and 'up-to-date knowledge as a generalist'. To achieve our goal, we are designing and offering a continuing medical educational (CME) program for clerkship students, emphasizing on educational systems spreading among multiple departments. Since we think it is crucial to foster medical prospective with a patient-centered perspective, we introduced an early exposure course (MIC: Medical Introductory Course) for the 1st and 2nd year medical students, as well as some medicine oriented English courses, including a special course titled "Language and Philosophy of Western Medicine" regarding some of the needs of this globalized era of medicine. In addition, we are managing a training course for simulated patients who can contribute to medical education cooperating with the International Center for Medical Education at the University of Tokyo. To improve the quality of clinical training, we are currently developing an evaluation system for tutors and trainers.

Postgraduate Education

Our department has offered the postgraduate clinical training since 2004 according to the new national residency system in Japan. We have also played an important role in developing the online evaluation system for postgraduate

clinical training (EPOC), which is used in 60% of education hospitals in Japan. Results of the questionnaire in March, 2009 showed the highest satisfaction rate among all national universities.

3. Research

Research on continuing education in clinical EBM (Tanaka, Professor)

Although the theory of EBM (Evidence-Based Medicine) has become common knowledge, there are many practical problems yet to be solved. Research on teaching and assessment techniques for under- and post-graduate clinical training are ongoing.

A Comprehensive study of dysphagia and inter-professional education (IPE) of its treatment (Yamawaki, Associate professor)

Dysphagia is common worldwide. We are conducting research on educational systems for its treatment for medical professionals in other field, so-called inter-professional education (IPE), as well as quantitative risk analysis using HAZOP. In addition, clinical research and basic research are carried out in collaboration with domestic and foreign facilities.

Research on medical education with SPs (Yamawaki, Associate Professor)

We developed a training course based on simulated patients (SPs) through collaboration with the University of Tokyo. In cooperation with SPs, we are performing research on the educational effects of simulation on clinical techniques such as medical interviewing and physical examination, as well as clinical reasoning.

Medical risk education using the HAZOP method-through analyzing basic surgical procedure (Takahashi, Junior Associate Professor)

Structured risk analysis methods, HAZOP, are applied for medical risk management. We have also developed computer software for risk analysis with HAZOP. As a method of medical education for medical risk as well, HAZOP is a comprehensive method that is effective in reducing medical errors.

Review of clinical training in postgraduate clinical education (Tanaka, Professor. Yamawaki, Associate Professor)

The performance evaluation system using EPOC, which is used in 60% of educational hospitals in Japan, was primarily developed at Tokyo Medical and Dental University. We applied this system to a clerkship program to compare its educational effect with that of a residency program.

General research on medical education (Tanaka, Professor. Yamawaki, Associate Professor. Takahashi, Junior Associate Professor)

We are developing a comprehensive research project regarding postgraduate medical education, primary care in rural regions, development of clinical competence, and a new PBL system.

4. Clinical Practice

Second Opinion (Takahashi, Junior Associate Professor)

Our hospital is open to the public who ask for second opinions about their recommended treatments so that we can continue to contribute to the provision of safe and high-quality advanced medical technology. Over 300 consultation cases have been performed for patients coming from other hospitals nationwide. The purpose of this section is to assist the patients to exercise their right of self-determination and to be informed of new treatments and diagnostic tests. To provide a qualified second opinion, we have organized the network of specialists in TMDU.

Patient Safety (Ooka, Junior Associate Professor)

Dr. Okawa is the General Risk Manager of our university hospital, and our department regularly organizes seminars and training courses. In collaboration with other departments (e.g., Skills Laboratory Center, Infectious Control Committee, etc.), we are working for greater safety and quality of healthcare.