

Symposium

📅 2025年9月28日(日) 9:00 ~ 10:30 🏢 Session Room 3 (Large Hall A)

[Symposium 80] Medical Education: Challenges and Advancements

Moderator: Norio Furukohri (Dokkyo Medical University)

[SY-80]

Medical Education: Challenges and Advancements

Je-Yeon Yun¹, Cheng-Sheng Chen², Hirokazu Fujita³, Lisa De Andermann⁴, Tsuyoshi Akiyama⁵
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[SY-80-01]

Subtyping of Performance Trajectory During Medical School, Medical Internship, and the First Year of Residency in Training Physicians: A Longitudinal Cohort Study

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[SY-80-02]

Toward Competency-Based Medical Education for Psychiatrist Training in Taiwan

*Cheng-Sheng Chen (Kaohsiung Medical University, Kaohsiung, Taiwan(Taiwan))

[SY-80-03]

Path to Becoming a Medical Doctor in Japan

Hirokazu Fujita¹, *Yusuke Matsuzaka^{2,3} (1.Kochi Medical School, Kochi University(Japan), 2.Nagasaki Medical Center of Psychiatry(Japan), 3.Department of Neuropsychiatry, Nagasaki University Graduate School of Biomedical Sciences(Japan))

[SY-80-04]

Cultural Psychiatry Residency Training in Canada: Development of a Culturally Competent Curriculum

*Lisa Andermann (Department of Psychiatry, University of Toronto(Canada))

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Je-Yeon Yun¹, Cheng-Sheng Chen², Hirokazu Fujita³, Lisa De Andermann⁴, Tsuyoshi Akiyama⁵ (1.Seoul National University(Korea), 2.Kaohsiung Medical University(Taiwan), 3.Kochi University(Japan), 4.University of Toronto(Canada), 5.Rokubancho Mental Clinic(Japan))

Medical Education continues to be a focus of intense attention. In this symposium, Je-Yeon Yun reports on the predictors of medical internship performance and residency entrance in Korea and finds subtypes of performance trajectory in training physicians. In the interview and medical internship, performance was predicted to be among the top 30% and lowest 10% of performers in the first year of residency training, respectively. Individualized educational programs to enhance the prospect of trainees becoming high-functioning physicians are needed. Cheng-Sheng Chen discusses the efforts to advance Competency-Based Medical Education for Psychiatrist Training in Taiwan. Psychiatrists required by today's and future society must meet the current and future needs of mental healthcare in society. Competency-Based Medical Education offers a concrete and feasible approach to fostering the professional competencies of psychiatrists so they can meet societal demands and expectations. Hirokazu Fujita presents medical education in Japan, which consists of a six-year program. After graduating from medical school, students must take the National Medical Licensing Examination, and complete a two-year clinical training program. After this two-year clinical training, individual physicians may aim to become specialists, such as psychiatrists. Since this medical training system differs from other countries, an overview of Japan's system will be provided. Lisa Andermann discusses Cultural Psychiatry Residency Training in Canada. In a highly multicultural and diverse country such as Canada, attention needs to be paid to working with ethnocultural populations, immigrants, refugees, and newcomers, as well as indigenous populations, to ensure a high quality of mental health care and mental well-being. Canadian Psychiatric Association published a position paper that looks at history, colonialism, and structural inequities and proposes solutions, including taking part in advocacy. This paper offers guidelines on addressing racism in psychiatric training and practice in Canada.

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[SY-80-01] Subtyping of Performance Trajectory During Medical School, Medical Internship, and the First Year of Residency in Training Physicians: A Longitudinal Cohort Study

*Je-Yeon Yun^{1,2}, Hyunjin Ryu³, Ju Whi Kim³, Hyun Bae Yoon³, Seung Choi⁴, Wan Beom Park^{3,5}, Eun Jung Bae^{6,7}, Jae-Joon Yim^{3,5}, Sun Jung Myung³ (1.Seoul National University Hospital, Seoul, Republic of Korea(Korea), 2.Yeongeon Student Support Center, Seoul, Republic of Korea(Korea), 3.Office of Medical Education, Seoul National University College of Medicine, Seoul, Korea.(Korea), 4.Department of Educational Psychology, College of Education, University of Texas at Austin, TX, USA.(United States of America), 5.Department of Internal Medicine, Seoul National University College of Medicine, Seoul, Korea.(Korea), 6.Department of Pediatrics, Seoul National University Children's Hospital, Seoul, Korea. (Korea), 7.Department of Pediatrics, Seoul National University School of Medicine, Seoul, Korea.(Korea))

キーワード：First Year of Medical Residency、Graduate Medical Education Training、Latent Profile Analysis、Medical Internship、Workplace-Based Assessment.

Background: Developmental trajectories of clinical skills in training physicians vary among tasks and show interindividual differences. This study examined the predictors of medical internship performance and residency entrance and found subtypes of performance trajectory in training physicians. **Methods:** This retrospective cohort study involved 888 training physicians who completed a medical internship between 2015 and 2019. After the internship, 627 physicians applied for residency training between 2016 and 2020. Finally, 160 of them completed their first-year residency in internal medicine, surgery, pediatrics, and psychiatry departments between 2016 and 2020. Pearson's correlation coefficients of internship performance and first year-residency performance ($n = 160$) were calculated. Latent profile analysis identified performance trajectory subtypes according to medical school grade point average (GPA), internship performance, English proficiency, and residency selection procedures. Multivariate logistic regression models of residency acceptance ($n = 627$) and performance in the top 30%/lower 10% in the first year of residency were also constructed. **Results:** Medical internship performance showed a significant positive correlation with the medical school GPA ($r = 0.194$) and the written score for the medical licensing examination ($r = 0.125$). Higher scores in the interview (adjusted odds ratio [aOR], 2.57) and written examination (aOR, 1.45) of residency selection procedures and higher medical internship performance (aOR, 1.19) were associated with a higher chance of residency acceptance. The latent profile analyses identified three training physician subgroups: average performance, consistently high performance (top 30%), and adaptation to changes (lowest 10%). Higher scores in the interview for residency selection (aOR, 1.35) and lower scores for medical internship performance (aOR, 0.79) were associated with a higher chance of performing in the top 30% or lowest 10% in the first year of residency, respectively. **Conclusion:** Performance in

the interview and medical internship predicted being among the top 30% and lowest 10% of performers in the first year of residency training, respectively. Individualized educational programs to enhance the prospect of trainees becoming high-functioning physicians are needed.

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[SY-80-02] Toward Competency-Based Medical Education for Psychiatrist Training in Taiwan

*Cheng-Sheng Chen (Kaohsiung Medical University, Kaohsiung, Taiwan(Taiwan))

キーワード : Psychiatry、 competency based medical education、 Taiwan

The rapid evolution of psychiatric practice in Taiwan, driven by demographic shifts, increasing mental health demands, and integration of neuroscience with psychosocial care, has highlighted the need for a transformation in postgraduate psychiatric education. Traditional time-based training, which emphasizes duration of exposure rather than demonstrated competence, is increasingly insufficient for preparing psychiatrists to meet complex societal and clinical challenges. Competency-Based Medical Education (CBME), with its learner-centered, outcome-oriented framework, offers a promising model to ensure psychiatrists develop the knowledge, skills, and professional attitudes required for modern mental health care. This paper explores the rationale, challenges, and opportunities for implementing CBME in psychiatry specialty training in Taiwan. Core competencies—including patient care, medical knowledge, professionalism, communication, collaboration, systems-based practice, and lifelong learning—are discussed in the context of Taiwan's unique cultural, healthcare, and educational environment. We propose an adaptation of international frameworks, such as CanMEDS and ACGME milestones, to align with local needs, particularly the integration of community psychiatry, aging-related mental health care, suicide prevention, and digital psychiatry. Implementation requires robust curriculum design, clear entrustable professional activities (EPAs), structured workplace-based assessments, and faculty development to support competency-focused teaching and evaluation. Equally important are governance structures that ensure accountability, accreditation, and continuous quality improvement. Potential barriers, such as resource limitations, resistance to change, and balancing service with training needs, must be addressed through phased introduction, stakeholder engagement, and alignment with national health policies. By adopting CBME, Taiwan has the opportunity to cultivate psychiatrists who are not only clinically competent but also adaptive leaders capable of advancing mental health care and responding to emerging societal needs. This paradigm shift represents a critical step toward strengthening psychiatric education and enhancing the quality and accessibility of mental health services across Taiwan.

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[SY-80-03] Path to Becoming a Medical Doctor in Japan

Hirokazu Fujita¹, *Yusuke Matsuzaka^{2,3} (1.Kochi Medical School, Kochi University(Japan), 2.Nagasaki Medical Center of Psychiatry(Japan), 3.Department of Neuropsychiatry, Nagasaki University Graduate School of Biomedical Sciences(Japan))

キーワード : medical education、 curriculum in Japan、 Model Core Curriculum for Medical Education

After graduating from high school, students in Japan who wish to become doctors must gain admission to one of the country's 82 medical schools. Entrance exams are highly competitive, making admission particularly challenging. Once admitted, students follow a six-year curriculum established by each university. Despite some differences among institutions, all medical schools in Japan adhere to standards set by the World Federation for Medical Education (WFME). In addition, Japan's Model Core Curriculum for Medical Education outlines essential learning objectives. About 70% of each school's curriculum is based on this core, while the remaining 30% reflects the university's unique educational focus. During the six-year program, students must pass a nationwide standardized exam before beginning clinical clerkships. This exam assesses whether students have acquired the necessary knowledge, skills, and attitudes to safely participate in clinical training. Only those who pass are allowed to begin clerkships, in accordance with the Medical Practitioners' Act. After completing clerkships and fulfilling all academic requirements, students graduate and are eligible to sit for the National Medical Licensing Examination. Upon passing, they receive their medical license and are required to complete a two-year clinical residency. During this period, they gain broad practical experience across multiple medical fields. After completing the residency, doctors may choose to enter specialized training in a medical field of their choice. For those pursuing psychiatry, specialized training as a psychiatrist begins at this stage. This structured pathway ensures that all doctors in Japan are well-trained in accordance with both national regulations and international standards.

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[SY-80-04] Cultural Psychiatry Residency Training in Canada: Development of a Culturally Competent Curriculum

*Lisa Andermann (Department of Psychiatry, University of Toronto(Canada))

キーワード : Cultural Psychiatry、 Postgraduate Curriculum Development、 Cultural Competence

In a highly multicultural and diverse country such as Canada, attention needs to be paid to working with ethnocultural populations, immigrants, refugees and newcomers, as well as our indigenous populations, in order to ensure a high quality of mental health care and mental wellbeing.

Together with colleagues Drs. Kenneth Fung, Ted Lo, Alpna Munshi, Siqi Xue and others in the Department of Psychiatry at University of Toronto for over 20 years, we have been involved in developing a cultural psychiatry curriculum for residents in psychiatric residency training which focuses on topics including assessment and treatment, working with interpreters, ethnopsychopharmacology, spirituality and mental health, and cultural aspects of psychotherapy which is spread over 5 years of training from PGY1 to PGY5. There are also additional curriculum hours focused on underserved and marginalized populations, indigenous mental health, Muslim mental health, global mental health and refugee mental health, where structural competency is also taught in both classroom lectures as well as and electives with community organizations.

A network of Canadian colleagues across the country has published two position papers through the Canadian Psychiatric Association (CPA) on Guidelines for Training in Cultural Psychiatry (Kirmayer et al, 2012; updated 2021). We have been organizing Cultural Psychiatry Day, a national videoconference linking psychiatry departments, trainees and faculty from across the country for over 15 years, with a ½ day session focused on current themes in Cultural Psychiatry with keynote speakers, a panel discussion, and resident presentation using the CFI - Cultural Formulation Interview. Most recently, a CPA position paper on taking action on racism and structural violence in psychiatric training and clinical practice (Jarvis et al, 2023) has offered guidelines on addressing racism in psychiatric training and practice in Canada, looking at history, colonialism, and structural inequities, and proposed solutions including taking part in advocacy at different levels.

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