Establishment and current status of patient community at Tokyo Dental College.

Yamamoto, H; Murakami, S; Hirata, S; Sugihara, N; Mochizuki, R; Takahashi, T; Kawada, E

Bulletin of Tokyo Dental College, 53(3): 147-153

URL: http://hdl.handle.net/10130/2853
Establishment and Current Status of Patient Community at Tokyo Dental College

Hitoshi Yamamoto*, Satoshi Murakami*,,**, SoIchiro Hirata*,***, Naoki Sugihara*,****, Riui Mochizuki*,******, Toshiyuki Takahashi*,******* and Eiji Kawada*

* Dental Education Development Center, Tokyo Dental College, 1-2-2 Masago, Mihama-ku, Chiba 261-8502, Japan
** Department of Clinical Pathophysiology, Tokyo Dental College, 1-2-2 Masago, Mihama-ku, Chiba 261-8502, Japan
*** Department of Social Dentistry, Tokyo Dental College, 1-2-2 Masago, Mihama-ku, Chiba 261-8502, Japan
**** Department of Epidemiology and Public Health, Tokyo Dental College, 1-2-2 Masago, Mihama-ku, Chiba 261-8502, Japan
***** Laboratory of Physics, Tokyo Dental College, 1-2-2 Masago, Mihama-ku, Chiba 261-8502, Japan
****** Division of General Dentistry, Tokyo Dental College Chiba Hospital, 1-2-2 Masago, Mihama-ku, Chiba 261-8502, Japan

Received 5 December, 2011/Accepted for publication 14 March, 2012

Abstract

The “Dental students training to address the needs of each individual patient: enhancement of ability to make a comprehensive diagnosis and treatment plans with high ethical standards and good communication skills”, project launched at Tokyo Dental College was adopted by the Ministry of Education, Culture, Sports, Science and Technology as part of its “Program for Promoting University Education and Student Support, Theme A: Program for Promoting University Education Reform” in 2009. One of the main goals of this subject is “the establishment of Patient Community”. Patient Community members allowed students to gain a more realistic experience of clinical practice than simulated patients. The Patient Community consists of patients and members of the parents’ association who have agreed to cooperate for the advancement of dental education, becoming involved in dental student education through Communication Studies, which are held for first- to fourth-year students. Patient Community members were recruited at the open lectures (15 times, between July 10, 2010 and November 30, 2011). The Patient Community comprised 24 members, including 8 men and 16 women by November 30, 2011. The cumulative number of attendees in Communication Studies (I–IV, 6 times) was 35, including 13 men and 22 women. Fourteen people applied for admission on the day of the open lecture. Seven people signed up between 1 and 7 days after the open lecture. On the other hand, only 3 people applied within 8 to 9 days after the open lecture. However, interestingly, the ratio of the attendance for Communication Studies by Patient Community members who applied 8 to 9 days after the open lecture was higher than that of members who applied for admission on the day of the
open lecture. Since the number of Patient Community members is insufficient for the purposes of the Patient Community, it is necessary to think about how recruitment methods can be made more effective and how such open lectures should be conducted in future.

Key words: Patient Community — Communication Studies — Simulated patients

Introduction

The “Dental students training to address the needs of each individual patient: enhancement of ability to make a comprehensive diagnosis and treatment plans with high ethical standards and good communication skills” project launched at Tokyo Dental College was adopted by the Ministry of Education, Culture, Sports, Science and Technology as part of its “Program for Promoting University Education and Student Support, Theme A: Program for Promoting University Education Reform” in 2009. This project was designed to enhance superior communication and diagnostic skills, broader perspectives, and a sense of ethics in trainee dentists so that they might learn how to better develop general plans for treatment and care in response to the needs of individual patients. The two main pillars of the project are “a program for enhancing the ability to design general plans for treatment” and “the establishment of a Patient Community”. Particularly, it emphasizes the establishment of a Patient Community and implementation of education by Patient Community members, by whom the students will be assessed.

Education using simulated patients has been implemented for medical and dental students globally. Training using simulated patients has the following advantages: it is easy to define and modify the conditions of a simulated patient, or even set the same conditions; no actual damage will be caused to the patient’s health. On the other hand, students may not be able to share the same clinical experience, as the response of simulated patients can vary widely. However, if simulated patients responded in a similar manner, the training session itself would seem intentional and unreal. Therefore, it was decided to establish a Patient Community to overcome these problems in clinical training; with Patient Community members playing the role of patients and responding to students in a more realistic manner than simulated patients would. The Patient Community consists of patients and members of the parents’ association who have agreed to cooperate for the advancement of dental education.

Patient Community members are allowed to attend Communication Studies (I to IV) classes, which are usually held for first- to fourth-year students. Therefore, it was considered necessary to inform applicants for the Patient Community about the educational philosophy of the school, principles of medical ethics, and educational curriculum. In extension courses (held 12 times since July, 2010) and open lectures (to be held 15 times as of November 30, 2011), the above-mentioned items and purpose of the Patient Community are to be described and members recruited. As extension courses are held at residents’ association meetings, some participants mistakenly regard the extension lecture as a type of attraction, and are not interested in the Patient Community. On the other hand, people are required to apply for open lectures held at civic centers and universities. Therefore, those people who received information on the Patient Community in one of the open lectures joined the community because they became genuinely interested in its activities. Based on the results of a survey, the current status of the Patient Community and associated problems are discussed in this paper.
Establishment of Patient Community

Materials and Methods

A survey comprising the following items was conducted: 1) registration number and male-female ratio of Patient Community members as of November 30, 2011; 2) number of days taken to apply for membership (between day of most recent open lecture attended and registration as member); 3) number of Patient Community members who attended Communication Studies classes; 4) relationship between number of days taken to apply for membership (between day of most recent open lecture attended and registration as member) and number of participants in Communication Studies classes; 5) number of people who withdrew their membership and reasons.

Results

By November 30, 2011, 24 people, including 8 men and 16 women, had signed up as Patient Community members (Fig. 1). Twenty-two members lived in Chiba city, while 2 members, one man and one woman, lived in another city. Regarding period of registra-

Fig. 1 Registration number and male-female ratio of Patient Community members as of November 30, 2011

Fig. 2 Number of days taken to apply for membership (between day of most recent open lecture attended and registration as member)
tion, the largest number of people, 14, signed up for the Patient Community the day the open lecture was held. Seven people joined the community between 1 and 7 days after the open lecture, and 3 signed up between 8 and 9 days after the lecture. Nobody signed up after 10 or more days after the lecture. Interestingly, no application for membership was submitted between 1 and 4 days after the open lecture either (Fig. 2). Communication Studies classes were held 6 times, and the cumulative total of attendees was 35: a mean of 5.8 students participated in one class (Fig. 3). There were 13 men and 22 women (Fig. 4), which reflects the male-female ratio of the membership. Regarding the 14 people who applied for admission on the day the open lecture was held, the cumulative number of attendees in the classes was 17 (which accounted for almost 50% of the total). This indicates that a mean of 1.2 people attended each Communication Studies classes, since the number of members who signed up for the Patient Community on the day of the open lectures was 14 (Fig. 2). Regarding the 7 people who signed-up between 1 and 7 days after the open lecture, the cumulative number of attendees was 11. This translates as a mean of approximately 1.6 attendees for one class. Regarding the 3 people who signed-up between 8 and 9 days after the open lecture, the cumulative number of attendees was 7. This translates as a mean of approximately 2.3 attendees for one class (Fig. 5). Three people have withdrawn their membership to date. One person moved out after the Great
Tohoku Kanto Earthquake. One person died. Another was dissatisfied with being unable to attend Communication Studies classes.

**Discussion**

Patient Community members become involved in student education through participation in Communication Studies (I to IV) classes provided for first- to fourth-year students. Communication Studies classes, as well as other lessons are currently held on weekdays, and, therefore, it is difficult for working people to attend them. It is assumed that there are some people who refrain from signing up for Patient Community for this reason.

Interestingly, Patient Community members signed up either immediately after they received an explanation of the Patient Community or after thinking about it for around one week. No one signed up after 10 days had passed; they did not require a period longer than 10 days to make a decision. Let us look at the relationship between the number of days taken to sign up (between day of most recent open lecture attended and registration as member) and number of participants in Communication Studies classes.

![Graph showing relationship between number of days taken to apply for membership and number of participants in Communication Studies classes](image)
as member) and number of attendees in Communication Studies classes. The results showed that the longer the member took to decide whether to join, the more likely they were to attend the Communication Studies classes. We hypothesized that this was because they had more time to consider and understand the purpose of the program.

Four people have withdrawn their membership to date, not because they had a low opinion of the activities of the Patient Community, but due to unavoidable reasons. The Great Tohoku Kanto Earthquake in March, 2011, also influenced membership of the Patient Community.

Patient Community members observe classes and comment on them in front of the students. In addition to this, they are scheduled to participate in role-playing sessions as a patient model and interact with students directly in the future. However, members will be required to undergo training in role play. This increases the burden of responsibility, and we hypothesized that this might prompt some members to leave the Patient Community, or not sign up at all. In light of the purpose of its establishment, the Patient Community should consist of a wide range of age groups. New members are not required to write their age on a registration card to protect personal information, so no data on the age of members are available at present. However, the students reported that the age range of those able to attend weekly classes was limited. Therefore, we believe that changes should be made to the class schedule so that working people can also attend Communication Studies classes. Applicants for the Patient Community are only required to list their name and address on a registration card at present. It is necessary to change this to include information on their motive for joining so as to allow a better understanding of the situation.

Acknowledgements

We would like to thank the staff at the Dental Education Development Center at Tokyo Dental College for their help. This work was supported by the Ministry of Education, Culture, Sports, Science and Technology.

References


Reprint requests to:
Dr. Hitoshi Yamamoto
Dental Education Development Center,
Tokyo Dental College,
1-2-2 Masago, Mihama-ku,
Chiba 261-8502, Japan
E-mail: hyamamoto@tdc.ac.jp