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<tr>
<td>Journal</td>
<td>Bulletin of Tokyo Dental College, 57(3): 189-193</td>
</tr>
<tr>
<td>URL</td>
<td><a href="http://hdl.handle.net/10130/5793">http://hdl.handle.net/10130/5793</a></td>
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Participation of Patient Community Members in Communication Classes for Dental Students at Tokyo Dental College

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Received 20 November, 2015/Accepted for publication 28 January, 2016

Abstract

In 2009, the Ministry of Education, Culture, Sports, Science and Technology launched its “Program for Promoting University Education and Student Support, Theme A: Program for Promoting University Education Reform”. The ministry’s stated aims were to 1) enhance student training centered on the needs of the individual patient; 2) improve their ability to make comprehensive diagnosis and treatment plans; and 3) instill high ethical standards and good communication skills. One of the main pillars of this project was to establish an educational organization aimed at encouraging public participation, the “Patient Community”. The aim was to have members of this community role-play patients in the Communication Studies component of the 1st–4th years of dental school. It was hoped that they would be able to respond to the students in a more realistic manner than simulated patients. Here, the number of Patient Community members and number who attended Communication Studies classes in 2010, 2011, 2012, and 2014...
were investigated. The results showed that the number registered in the Patient Community increased annually, as did the number participating in Communication Studies classes, which rose in accordance with the number of classes held. No difference was observed in the number of attendees per Communication Studies class by grade (years 1–4). The number of members never attending Community Studies classes increased annually, although some members repeatedly attended. These findings suggest that the members who regularly participate tend to remain the same.

Key words: Attitude education — Dental school students — Education organization — Patient Community

Introduction

In 2009, the Ministry of Education, Culture, Sports, Science and Technology launched its “Program for Promoting University Education and Student Support, Theme A: Program for Promoting University Education Reform”. The ministry’s stated aims were to 1) enhance student training centered on the needs of the individual patient; 2) improve their ability to make comprehensive diagnosis and treatment plans; and 3) instill high ethical standards and good communication skills. This project was designed to promote 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 were establishing an educational organization aimed at encouraging public participation, the “Patient Community”, and implementing a program designed to improve ability to design general treatment plans. In particular, the goal was to have members of this community role-play patients in the Communication Studies component of the 1st–4th years of dental college (classes I to IV). It was hoped that they would be able to respond to the students in a more realistic manner than simulated patients (Fig. 1).

Recruitment for the Patient Community began in 2010, and we have now reported on the numbers registering and participating in classes twice, in 2010 and 2011(1). Two years have passed since the last report, during which time the main school campus of Tokyo Dental College moved from Chiba Prefecture to Suidobashi, Tokyo. With its relocation, Communication Studies classes I to IV also moved to these new premises. The orientation session for applicants also now takes place in the new campus, at which time they are given an explanation of the registration process and a talk on the principles of medical ethics. They are also told about the educational philosophy of the school and the significance of the Communication Studies course.

The purpose of this study was to investigate the number of people registering in the Patient Community together with the number attending Communication Studies classes in 2010, 2011, 2012, and 2014 (participation of Patient Community members in the class was suspended in 2013 due to the relocation of the school). The current status of the Patient Community is discussed and the effects of school relocation on the Patient Community and future issues examined.

Materials and Methods

A survey comprising the following items was conducted concerning fiscal years 2010, 2011, 2012, and 2014: 1) the number of Patient Community members; 2) the number of classes the members attended along with
Results

1. The results showed that the number of members increased each year, with the greatest rise observed between 2011 and 2012, at 6 individuals, followed by 5 between 2010 and 2011, and 2 between 2012 and 2014. The number of males showed an increase, whereas the number of females showed no change (Table 1).

2. The cumulative total of members showed an increase with increase in the number of classes. In 2012, which showed the highest cumulative total of members (n = 77), the number of classes held was also the highest, at 15. In 2010, which showed the lowest cumulative total of members (n = 11), the number of classes was also the lowest, at 2 (Table 2).

3. The average number of attendees per class in 2010 was the highest, at 5.5; however, each year had approximately 4–5 attendees per class, showing no marked difference among years (Table 3).

4. Although the actual number of members attending classes in 2011 was the highest, at 13, it then decreased to 9 in 2014, which was the same number as in 2010 when the participation of Patient Community members in Community Studies classes was initiated (Table 4).

5. In terms of attendance pattern, the number of members who never attended showed an annual increase. The number of members attending only once started to decrease, from 7 in 2010 to 0 in 2012, but then increased again to 3 in 2014. On the other hand, the number of members who attended the class more than twice increased each year to 11 in 2012, but then decreased again by approxi-

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Fig. 1 Patient Community member in Communication Class

Asterisks indicate Patient Community members; other people are students. Patient Community members (A* and B*) often observe Communication Studies (A); teacher provides feedback on Patient Community member to student after class. Patient Community members participate in student group and give opinion directly to student (B).
Discussion

Education using simulated patients has been implemented for medical\(^1,6\), dental\(^5,7,8\), and nursing\(^2,4\) students. Training using simulated patients has the following advantages: 1) it is possible to set the same or modified conditions in each simulated patient; and 2) there will be no adverse effect on health, as might occur in a real patient. However, standardized and intentional responses of simulated patients do not provide a sense of reality to the training sessions\(^5\). Patient Community members, however, can play the role of patients and respond to students in a more realistic manner than simulated patients. In a clinical setting, students will encounter

Table 2  Cumulative total of attendance and number of classes held

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Communication Studies classes held</td>
<td>2</td>
<td>9</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Cumulative number of Patient Community members</td>
<td>11</td>
<td>39</td>
<td>77</td>
<td>23</td>
</tr>
</tbody>
</table>

Cumulative total showed increase with rise in number of classes held.

Table 3  Average number of attendees per class by year

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of attendees per Communication Studies class</td>
<td>5.5</td>
<td>4.3</td>
<td>5.1</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Average number of members attending showed tendency to decrease.

Table 4  Actual number of members attending Communication Studies classes

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual number of Patient Community members who attended Communication Studies classes</td>
<td>9</td>
<td>13</td>
<td>11</td>
<td>9</td>
</tr>
</tbody>
</table>

Actual number of members attending classes showed tendency to decrease.

Table 5  Pattern of attendance among members of Patient Community

<table>
<thead>
<tr>
<th>Number of attendance</th>
<th>Year 2010</th>
<th>2011</th>
<th>2012</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>6</td>
<td>7</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Once</td>
<td>7</td>
<td>4</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>More than twice</td>
<td>2</td>
<td>9</td>
<td>11</td>
<td>6</td>
</tr>
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Number of members never participating showed increase, whereas that participating more than twice decreased.

Approximately half (n = 6) in 2014 (Table 5).
patients with various types of medical condition. Patient Community members are employed as human resources in Communication Studies classes, held from the first to the fourth year at this dental college, with the aim of nurturing each student’s ability to process a patient in a clinical setting.

The number of Patient Community members varied, showing a steady annual increase. Moreover, the number of members attending per class showed no change after the college relocated. Although not shown in the data, recruitment took place at the Chiba Campus in 2010, so most of the Patient Community members were from Chiba Prefecture. Therefore, a reduction in the number of members was predicted after relocation. However, as shown in the results, relocation had no effect on either the number of members or the number attending classes.

The number of members also increased with the rise in the number of classes. No difference was observed in the number of members per class by year, showing that the number participating every year was constant. However, the number never participating showed an increase from 2012, accounting for more than half of the members. A tendency to decrease was also observed in the number participating only once. However, the number per class was similar among the years, indicating that the same members repeatedly attended. The purpose of the program is to expose students to a simulated real-life clinical setting, in which they would likely encounter arrange of patients with various types of problem. Therefore, such repeat attendance by Patient Community members could be seen as less than desirable. Since its establishment in 2010, participation in this program has never been compulsory for the Patient Community members, as this might represent too much of a burden. However, the present results suggest the need to 1) implement measures such as requiring each member to attend a class at least once a year; and 2) reexamine the selection and scheduling of lectures to be attended.

References


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