

### 3. Impact of Cultural Aspects on Curricular and Didactic Approaches — German-Japanese Comparison

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#### Introduction

With advancing globalization, physicians are also increasingly confronted with patients from other cultures. Hautz et al. suggested to distinguish core competencies and culture-specific secondary competencies. But it is difficult to measure the impact of cultural aspects on curricular and didactic approaches in medical education. This study is exploratory in nature and it aims to address how cultural competency is provided within the medical education environment in both Westphalian Wilhelms University (WWU) in Münster, Germany, and Dokkyo Medical University (DMU) in Japan. DMU has been sending a group of students every year to Germany since 2001. From 2005, there has been a partnership agreement with the Westphalian Wilhelms University in Münster.

#### Methods

The authors studied the syllabi, students and faculty reports, as well as posters and other published articles concerning the overseas training activities of DMU students at WWU and of WWU students at DMU. A literature search was carried out on the cultural aspects of medical training as reflected in curricula and didactic approaches.

#### Results

The regular faculty members of the WWU along with German medical students, tutored or taught Japanese fifth-year students during the two-week programmes with yearly changing foci. The Curriculum developed year by year. Besides teaching practical abilities, like sonographic examinations and classical skills lab activities, the Japanese students also worked together with their German peers comparing various aspects of the medical systems, medical examinations and treatments in Germany and Japan.

The foci included the challenges of the physician-patient relationship, the emergency medical system, gastric cancer, geriatric medicine, influenza epidemiology and therapy, palliative medicine etc.

In Germany, students in the 6<sup>th</sup> year already assist physicians in patient care under the supervision of a more senior physician.

Through the arranged exchange programmes, WWU and DMU have enabled selected students to be exposed to international medical education.

The students who received training at the WWU participated in problem-based medical education, observed physician-patients interaction and received hands-on training at the simulation unit in Münster in a safe environment while German students participated in clinical clerkships etc. at DMU.

The Japanese students could also visit palliative care facilities and geriatric wards and extend their competence in psycho-social interactions with patients etc.

The German students that visited Japan could get a glimpse of the environment in a Japanese hospital and extend their coping capability in a new terrain.

Certain Japanese students could participate in tele-lectures from Münster.

#### Discussion

Germany has become more and more a multicultural society. In Japan the number of hospital visits by people from other cultures has also increased. However, medical education programmes and educators are slow to keep up with these changes. Ideally, a curricula should include cultural awareness, and be delivered by properly trained teachers, which would help to ensure cultural competence among future medical doctors. To acquire those competencies, it is important, therefore, to offer students opportunities to advance their understanding in a safe environment. It is also possible that the educational environment may provide learning-relevant experiences that are not explicitly mentioned in the curriculum. Participation in training programmes, abroad may widen students' cultural competence and also provide them exposure to fields that are not regularly taught in their home country.

#### Conclusion

*In varietate concordia* (united in diversity) the official motto of the European Union, could also be the motto for these training programmes, as Bälz said, "Who wants to understand a foreign people, has to try to become familiar with their way of thinking and perception."

With regard to medical education in Japan and Germany this is particularly so, as the education offered were similar until the early Meiji Era. From 1945, with the occupation of Japan, the Anglo-Saxon influence has increased.

These days there has been some shift away from Japan's main educational principles: the preservation of harmony and group commitment. And Bälz' sentiments are understood and appreciated more.

With her new core curriculum, Japan has been strengthening clinical training for medical students. It is hoped that in both Germany and Japan, medical programmes and exchange programs will be offered that are more culturally competent in order to prepare medical doctors to deliver the best possible healthcare in an increasingly diverse population.

### 4. 健康づくりのための身体活動・運動分野の取組 (人事交流を通じて学んだこと)

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【目的】2018年9月1日から2020年8月31日までの2年間、人事交流の一環で厚生労働省健康局健康課に医系技官として出向した。今後に向けて、貴重な出向を通じて経験し、学んだことを共有する。

【方法】医系技官とは人々の健康を守るため、医師免許等を有し、専門知識をもって保健医療に関わる政策の立案に関わる技術系行政官のことを指す。そこで、私が出向期間で主に携わった厚生労働省における健康づくりのための運動施策について紹介する。

【結果】国民健康づくり運動として厚生労働省が掲げる「第二次健康日本21」が開始されることになった頃、我が国では死亡数のリスク要因として「運動不足」が第3位となっており、課題の一つとされていた。このような背景もあり、「第二次健康日本21」が開始された2013年にライフステージに応じて身体活動量と時間の目安を示した「健康づくりのための身体活動基準2013」が定められた。さらに設備要件と人的要件を満たした運動施設である健康増進施設のより一層の普及啓発を目指し、2020年に、標準的な運動プログラム(QRコード参照)が同省HPに公開された。

【考察】紹介した運動施策は、科学的根拠に基づいた目安や、安全に適切な運動を実施できる場の提供に寄与したが、働き盛りや子育ての世代といった身体活動に充てる時間的余裕がない方々をどのように行動変容させるのかという点は今も残された課題となっている。

【結論】昨今のCOVID-19の影響を考慮し、日常生活で無理なく取り入れられ、個々のペースで調整しやすい身体活動の一つに「階段利用」が挙げられる。密になりやすい機会の回避のみならず、エネルギー削減にもつながる良い方法と考えた。「厚生労働省 階段利用キャンペーン」で検索すると、一般公開されたポスター(QRコード参照)をダウンロードできる。まずは職場のエレベーター付近に貼るなどしてご活用いただけると幸甚である。



(運動プログラム)



(階段利用ポスター)