

Objectives, Strategies, and Evaluation in Residency Training

Basic Philosophy in Residency Training (Ministerial Ordinance on Residency Training Stipulated in Paragraph 1, Article 16-2 of the Medical Practitioners Act)

Residency training must allow residents to cultivate their professional identities as physicians and acquire basic clinical capabilities in appropriately dealing with injuries and diseases commonly encountered in general clinical practice regardless of their future areas of specialization, while also recognizing the role of medicine and medical care in society.

I Objectives

As part of the social contract between the public and healthcare providers, physicians must maintain the dignity of sick people, recognize the seriousness of the occupation as it pertains to providing medical care and contribute to the health of the public. They commit to acquiring the fundamental values as physicians (professionalism) as well as competencies required for accomplishing their mission. Residents, who are at the juncture transforming from medical students into dependable physicians, must internalize the fundamental values (professionalism) and obtain the competencies necessary for addressing conditions encountered in general practice.

A. Fundamental Values as Physicians (Professionalism)

1. Accountability

Residents must be aware of their social mission and accountability while making every effort to provide equitable medical care and improve public health with consideration for the limited resources and changes in society.

2. Altruistic Attitude

Residents must place the relief of pain and the concerns of patients and the improvement of patient welfare above all and respect the values of the patients and their rights in self-determination.

3. Respect for Humanity

Residents must appreciate the diverse values, emotions, and knowledge of patients and their families, and have respect and compassion when interacting with them.

4. Lifelong Learning

Residents must reflect upon their own behavior, patient outcomes and details of medical care provided, striving to enhance competencies and capabilities.

B. Competencies and Capabilities

1. Ethics in Medicine and Medical Practice

Residents must act in an appropriate manner with consideration for ethical issues relating to medical practice, research, and education.

- (i) Maintain human dignity and respect the integrity of life.
- (ii) Consider patient privacy and maintain confidentiality.
- (iii) Recognize ethical dilemmas and respond to these based on mutual respect.
- (iv) Recognize conflicts of interest and respond to these according to the management policy.
- (v) Ensure the transparency of medical care, research, and education to prevent malpractice.

2. Medical Knowledge and Problem-solving

Residents must acquire the latest knowledge in medicine and medical practice and seek to resolve imminent issues in clinical practice on the basis of scientific rationale with experiential knowledge.

- (i) Provide differential diagnosis and initial response to frequently observed signs and symptoms by means of an appropriate clinical reasoning process.
- (ii) Collect patient information to make clinical determinations based on the latest medical findings, with consideration for patient intentions and quality of life.
- (iii) Establish and implement treatment plans that consider aspects such as health, medical care, and welfare.

3. Procedural Skills and Patient Care

Residents must refine their clinical skills to provide patients with clinical care that considers the pain, concern, ideas, and intentions of the patients.

- (i) Effectively and safely collect information relating to the health conditions of the patients, including the psychological and social aspects.
- (ii) Implement optimal treatment suitable for the patients' conditions in a safe manner.
- (iii) Prepare medical records and documents relating to treatment details and their rationale in an appropriate and timely manner.

4. Interpersonal and Communication Skills

Residents must establish satisfactory relationships with patients and their families with consideration for their psychosocial backgrounds.

- (i) Use appropriate language, a courteous attitude, and be well-groomed when interacting with patients and their families.
- (ii) Organize information required by the patients and their families and explain it in an easy-to-understand manner in order to support the patients' independent decision making.
- (iii) Consider the needs of the patients and their families from physical, psychological, and social aspects.

5. Practice in Interprofessional Teams

Residents must understand the roles of diverse healthcare professionals and other people related to the patients and their family, seeking to cooperate with them.

- (i) Understand the objectives of the organizations and through mutual respect and clear communication teams providing medical care, as well as the roles of each member of the teams.
- (ii) Share information amongst the team members for the purpose of cooperation.

6. Patient Safety and Quality of Medical Care

Residents must provide high-quality and safe medical care to patients, taking into consideration the safety of all healthcare professionals.

- (i) Understand the importance of the quality of medical care and patient safety while making every effort in evaluating and improving these aspects.
- (ii) Practice reporting/notifying/consulting as a part of routine practice.
- (iii) Prevent medical accidents and implement corrective measures if an accident occurs.
- (iv) Understand health management measures to protect healthcare professionals (including vaccinations and responses to accidental exposures such as needle-stick injuries) and make efforts in protecting their own health.

7. Medical Practice in the Context of Society

Residents must understand the various medical organizations and systems and must contribute to local and international societies with consideration for the importance of the social aspects of medical care.

- (i) Understand the purposes and mechanisms of laws, regulations, and systems related to health and medical care.
- (ii) Utilize health insurance and publicly funded medical care in an appropriate manner with consideration for the burden of medical expense on the patients and society.
- (iii) Grasp the health issues and needs in the local community and propose necessary measures.
- (iv) Encourage preventive medical care, healthcare, and health promotion.
- (v) Understand the community-based healthcare system and contribute to its promotion.
- (vi) Be prepared for medical risk management in disasters, pandemics and other events affecting large numbers of people.

8. Scientific Exploration

Residents must understand the scientific approaches in medicine and medical care and contribute to the advancement of medicine and medical care through academic activities.

- (i) Pursue answering clinical questions that arise during medical practice in a scholarly manner.

- (ii) Understand and utilize the scientific research method.
- (iii) Understand the significance of clinical research and trials and cooperate with these studies.

9. Lifelong Learning

Residents must continue lifelong autonomous learning while reflecting upon themselves for the improvement of the quality of medical care in collaboration with other physicians and healthcare professionals, also contributing to the development of junior personnel.

- (i) Make efforts to absorb the rapidly changing and developing knowledge in all competency and capability domains and technology.
- (ii) Engage in mutual teaching and learning with colleagues, junior personnel, and healthcare professionals other than physicians.
- (iii) Understand the governmental policies in Japan and overseas, as well as the latest trends in medicine and medical care (including drug-resistant microbes and genomic medicine).

C. Independent Practice Allowed in Conditional Situations

Residents must be able to provide medical care independently in each of the following areas under circumstances where consultation and medical cooperation are available. For all conditions below residents must be able to recognize when they need to escalate care to involve additional providers (i.e.; ask for help.)

1. General Ambulatory Care

Able to diagnose and treat frequently encountered signs, symptoms and conditions through an appropriate clinical reasoning process, and provide continued medical care for common chronic disorders.

2. Ward Care

Able to formulate care plans for inpatients, including acute-stage patients, as well as provide general and systematic treatment and arrange discharge with consideration for community cooperation.

3. Primary Emergency Care

Able to grasp and diagnose the state and the level of urgency of acute patients, as well as provide first-aid measures and cooperate with specialty departments in and out of the hospital as necessary.

4. Community Medicine

Able to understand the characteristics of regional medical care as well as the concept and framework of community-based healthcare while also cooperating with a variety of facilities and organizations related to medical care, long-term care, healthcare, and welfare.

II Strategies

Training period

This residency training program requires at least 2 years to complete.

In cases of joint programs with cooperative teaching hospitals or facilities, at least 1 year of training must be conducted at a sponsoring hospital. Up to 12 weeks of training at community facilities can be counted as conducted at a sponsoring hospital.

Rotating Areas and Clinical Departments

- (i) Rotating areas and clinical departments must cover internal medicine, surgery, pediatrics, obstetrics and gynecology, psychiatry, emergency medicine, and community medicine. Clinical experiences at a general ambulatory site is also mandatory.
- (ii) In principle, training must be conducted for at least 24 weeks in internal medicine, at least 12 weeks in emergency medicine, and at least 4 weeks in surgery, pediatrics, obstetrics and gynecology, psychiatry, and community medicine, respectively. However, it is preferable to rotate for at least 8 weeks rather than 4 weeks in each of these clinical areas.
- (iii) In principle, training in each area should be conducted within a specified block of time (block training). However, in case of emergency medicine, it can be conducted in a block of at least 4 weeks with occasional experiences at the emergency department while rotating at another clinical department (parallel training) at a certain frequency, once every week, for example. In case of such a parallel training schedule in emergency medicine, the number of days at the emergency department cannot be counted as the days in rotating at the clinical department. For example, if a resident is rotating in surgery and takes a day in the emergency department, then that day does not count towards the total days required for surgery.
- (iv) Training in internal medicine must include ward assignments providing opportunities to experience general and systemic practice and care for inpatients, as well as a variety of medical disorders to acquire the abilities to deal with signs, symptoms and diseases encountered frequently in general medical practice.
- (v) Training in surgery must include ward assignments giving opportunities to experience a variety of surgical disorders to acquire the abilities to deal with surgical diseases encountered frequently in general medical practice, as well as basic surgical skills and general perioperative management.
- (vi) Training in pediatrics must include ward assignments giving opportunities to experience a variety of pediatric disorders to acquire the abilities to provide comprehensive medical care at all stages of development from neonatal to adolescence, with consideration for the psychosocial aspects of children.
- (vii) Training in obstetrics and gynecology must include ward assignments giving opportunities to

experience a variety of obstetrical and gynecological conditions to acquire the abilities to deal with women's health issues encountered frequently in general medical practice, such as pregnancy, childbirth, obstetric and gynecologic diseases, and medical issues in adolescence and menopause.

(viii) Training in psychiatry must include experience at a psychiatric ambulatory department or in a psychiatric liaison team to acquire the abilities to care for the patients and their families who require psychiatric healthcare and medical care. It is also desirable to experience acute-stage inpatient care.

(ix) Training in emergency medicine must provide opportunities to experience initial emergency responses to frequently encountered signs, symptoms, diseases, and urgent situations. Up to 4 weeks of rotation at an anesthesiology department can be counted as a period of training in emergency medicine. In the case of an anesthesiology rotation, it must provide opportunities to experience airway and respiratory control including tracheal intubation, acute-stage fluid infusion and blood transfusion, and hemodynamic management.

(x) At least 4 weeks of training is mandatory at a general ambulatory site either in a block or a parallel way. It is more desirable to take 8 weeks when feasible. Training must provide opportunities to perform initial encounters with new patients as well as continued care for established patients with both self-limited and chronic disorders. Training should provide opportunities to treat frequently encountered chronic disorders. This will foster the competencies necessary, such as appropriate clinical reasoning, to deal with the signs, symptoms, and pathophysiologies encountered. Examples of appropriate sites include outpatient departments of general medicine, general internal medicine, general surgery, pediatrics, and community medicine. They should not include specialty outpatient clinics for patients with specific signs, symptoms, and disorders, emergency medicine which does not accept the patients with chronic disorders, and other specialized outpatient clinics for such as those for vaccinations and health check-up.

(xi) In principle, training in community medicine must be conducted in the second year. Training sites should be either clinics or hospitals with less than 200 beds located in rural areas or islands. The following must be taken into consideration:

(1) Training must cover both general ambulatory care and home medical care. However, in case of allocating part time for community medicine training while rotating at other clinical departments (i.e.; parallel training), it is not necessarily required to include home medical care.

(2) When ward training is included, most of that should be conducted in the wards for chronic and recovery stage patients.

(3) There must be opportunities sufficient for learning actual circumstances surrounding community-based care, including cooperation with a variety of facilities and organizations related to medical care, nursing care, healthcare, and welfare.

(xii) For elective training in healthcare and medical administration, appropriate sites include public health centers, long-term geriatric healthcare facilities, social welfare facilities, Red Cross blood

centers, facilities for screening and health check-ups, international organizations, government organizations, correctional institutions, and industrial health facilities.

(xiii) It is mandatory to provide opportunities for residents to learn infection control (in-hospital infection, sexually transmitted infections, etc.), preventive medical care (vaccinations, etc.), response to abuse, support in social rehabilitation, palliative care, advance care planning (ACP), and attend clinicopathological conferences (CPC), all necessary for fundamental clinical practice. It is also desirable to participate in a variety of interdisciplinary and interprofessional teams (infection control, palliative care, nutrition support, dementia care, discharge support, etc.) and learn about topics of high social profile like psychiatric care of children and adolescents (developmental disabilities, etc.), drug-resistant microbes, and genomic medicine.

Signs and Symptoms to be Experienced

Residents must experience initial encounters and independently develop initial responses based on knowledge of pathophysiology and clinical reasoning through the findings in the medical history, physical examinations and simple laboratory tests of outpatients or inpatients with the following signs and symptoms:

Shock, Weight loss and cachexia, Skin rash, Jaundice, Fever, Forgetfulness, Headache, Vertigo, Disturbance of consciousness and Syncope, Convulsion, Visual disturbance, Chest pain, Cardiac arrest, Dyspnea, Hematemesis and hemoptysis, Melena and bloody stool, Nausea and vomiting, Abdominal pain, Abnormal bowel movement (diarrhea and constipation), Burns and injuries, Back pain, Arthralgia, Motor paralysis and muscular weakness, Urinary dysfunction (urinary incontinence and difficulty in urination), Agitation and delirium, Depression, Growth and developmental disorders, Pregnancy and childbirth, Terminal signs and symptoms (29 signs and symptoms)

Diseases and Disorders to be Experienced

Residents must experience treating the following diseases and disorders in outpatients or inpatients:

Cerebrovascular disorders, Dementia, Acute coronary syndrome, Cardiac failure, Aortic aneurysm, Hypertension, Lung cancer, Pneumonia, Acute upper respiratory infection, Bronchial asthma, Chronic obstructive pulmonary disease (COPD), Acute gastroenteritis, Gastric cancer, Peptic ulcers, Hepatitis and cirrhosis, Cholelithiasis, Colorectal cancer, Pyelonephritis, Urolithiasis, Renal failure, High-energy trauma and fractures, Diabetes mellitus, Dyslipidemia, Depression, Schizophrenia, Dependency (nicotine, alcohol, drug, compulsive gambling) (26 disorders and conditions)

* Experiences of the above signs, symptoms, diseases and disorders must be confirmed through the existence of discharge summaries written by resident in the routine work, which includes medical history, physical findings, laboratory findings, assessment, planning (diagnosis, treatment, and education), and discussion.

III Evaluation

Achievement of the objectives must be evaluated by precepting physicians and other healthcare professionals at the end of each rotation at an area or clinical department with the use of the attached Evaluation Forms I, II, and III, which once filled out must be retained at the Residency Management Committee. Other healthcare professionals should include nurses.

Taking into consideration the results of the evaluation done as above, the Residency Program Director and/or member of the Residency Management Committee shall provide formative assessment (feedback) to the residents at least twice a year.

At the end of the two-year training period, overall accomplishment must be decided by the Residency Management Committee using the Adjudication Form for Accomplishing Objectives which is drawn up based on the stockpiled evaluations using the Evaluation Forms I, II, III.

Resident Evaluation Forms

I. Evaluation on “A. Fundamental Values as Physician (Professionalism)”

- A-1. Accountability
- A-2. Altruistic Attitude
- A-3. Respect for Humanity
- A-4. Lifelong Learning

II. Evaluation on “B. Competencies and Capabilities”

- B-1. Ethics in Medicine and Medical Practice
- B-2. Medical Knowledge and Problem-solving
- B-3. Procedural Skills and Patient Care
- B-4. Interpersonal and Communication Skills
- B-5. Practice in Interprofessional Teams
- B-6. Patient Safety and Quality of Medical Care
- B-7. Medical Practice in the Context of Society
- B-8. Scientific Exploration
- B-9. Lifelong Learning

III. Evaluation on “C. Independent Practice Allowed in Conditional Situations”

C-1. General Ambulatory Care

C-2. Ward Care

C-3. Primary Emergency Care

C-4. Community-based Healthcare

Evaluation Form I

Evaluation on “A. Fundamental Values as Physicians (Professionalism)”

Name of Resident _____

Area/Clinical Department in Rotation _____

Observer Name _____ Category Physician Other Than Physician (Profession: _____)

Observation Period ____/____/____ to ____/____/____ (DD/MM/YYYY)

Date Recorded ____/____/____ (DD/MM/YYYY)

	Level 1 Significantly below Expectation	Level 2 Below Expectation	Level 3 As Expected	Level 4 Significantly above Expectation	No Opportunity to Observe
A-1. Accountability Residents must be aware of their social missions and accountability while making every effort to provide equitable medical care and improve public health with consideration for the limited resources and changes in society.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-2. Altruistic Attitude Residents must place the relief of pain and the concerns of patients and the improvement of their welfare and values above all and respect the values of the patients and their rights in self-determination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-3. Respect for Humanity Residents must appreciate the diverse values, emotions, and knowledge of patients and their families, and have respect and compassion when interacting with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-4. Lifelong Learning Residents must reflect upon their own behavior and details of medical care provided, striving to enhance competencies and capabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* “Expectation” refers to the state expected at the completion of training.

Please record any episodes that made an impression on you. Also, make a particular note when “significantly below expectation” is checked

Evaluation Form II

Assessment on “B. Competencies and Capabilities”

Name of Resident _____

Area/Clinical Department in Rotation _____

Observer Name _____ Category Physician Other Than Physician (Profession: _____)

Observation Period ____/____/____ to ____/____/____ (DD/MM/YYYY)

Date Recorded ____/____/____ (DD/MM/YYYY)

Explanation of the levels

Level 1	Level 2	Level 3	Level 4
<p>Level expected at the commencement of the residency training</p> <p>(equivalent to model core curriculum)</p>	<p>Level expected in the middle of the residency training</p>	<p>Level expected at the completion of the residency training</p> <p>(equivalent to the course objective)</p>	<p>Level expected for a senior doctor</p>

1. Ethics in Medicine and Medical Practice:

Residents must act in an appropriate manner with consideration for ethical issues relating to medical practice, research, and education.

Level 1 Model core curriculum	Level 2	Level 3 Level expected at the completion of residency training	Level 4
<ul style="list-style-type: none"> ■Able to provide an overview of the history of medicine and medical care, clinical ethics, ethical issues concerning life and death, and various models on ethics. ■Able to explain the basic rights of patients, the significance of the rights of self-determination, patient values, and the significance of and need for informed consent and informed assent. ■Able to provide consideration for patient privacy and handle this appropriately with an understanding of the importance of confidentiality. 	Respect for human dignity and the integrity of life.	Maintain human dignity and respect for the integrity of life.	Demonstrate exemplary behavior for others.
	Provide minimum necessary consideration for patient privacy and maintain confidentiality.	Consider patient privacy and maintain confidentiality.	Demonstrate exemplary behavior for others.
	Recognize the presence of ethical dilemmas.	Recognize ethical dilemmas and respond to these based on mutual respect.	Recognize ethical dilemmas and make multifaceted decisions and responses based on mutual respect.
	Recognize the presence of conflicts of interest.	Recognize conflicts of interest and respond according to the management policy.	Demonstrate exemplary behavior for others.
	Recognize the transparency required for medical care, research, and education, as well as the prevention of malpractice.	Ensure the transparency of medical care, research, and education to prevent unfair practice.	Demonstrate exemplary behavior for others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No opportunity to observe

Comments:

2. Medical Knowledge and Problem-solving

Residents must acquire the latest knowledge of medicine and medical care and seek to resolve imminent issues in clinical practice on the basis of scientific rationale with experiential knowledge.

Level 1 Model core curriculum	Level 2	Level 3 Level expected at the completion of residency training	Level 4
<p>■Able to discover necessary tasks and prioritize these with respect to importance and necessity, and able to find more specific methods for resolving these tasks in cooperation with other interns and teachers. Able to establish strategies for appropriate self-assessment and improvement.</p> <p>■Able to express own ideas from the integration of lectures, textbooks, searched information, etc.</p>	Provide basic differential diagnosis and plan initial responses to frequently observed signs and symptoms.	Provide differential diagnosis and initial responses to the frequently observed signs and symptoms by means of an appropriate clinical reasoning process.	Fully provide differential diagnosis and initial responses to the frequently observed signs and symptoms.
	Collect patient information and consider clinical determinations based on the medical findings.	Collect patient information to make clinical judgements based on the latest medical findings with consideration for patient intentions and quality of life.	Collect detailed patient information to make clinical determinations based on the latest medical findings with consideration for patient intentions and quality of life.
	Establish treatment plans that consider aspects such as health, medical care, and welfare.	Establish and implement treatment plans that take into consideration health, medical care, and welfare, among others.	Establish treatment plans that consider aspects such as health, medical care, and welfare, and implement them with consideration for patient background and interdisciplinary cooperation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No opportunity to observe

Comments:

3. Procedural Skills and Patient Care:

Residents must refine their clinical skills to provide patients with clinical care that considers the pain, concern, ideas, and intentions of the patients.

Level 1 Model core curriculum	Level 2	Level 3 Level expected at the completion of residency training	Level 4
<ul style="list-style-type: none"> ■Able to obtain the minimum necessary medical history by interview and perform physical examinations in a comprehensive and systematic manner. ■Able to demonstrate basic clinical skills and determine diagnosis and treatment with an appropriate attitude. ■Able to prepare medical records using a problem-oriented medical record format and able to prepare medical documents as required. ■Able to provide explanations for urgent conditions and chronic disorders. 	Safely collect the minimum necessary information relating to the health conditions of the patients, including psychological and social aspects.	Safely and effectively collect information relating to the health conditions of the patients, including psychological and social aspects.	Safely and effectively collect information relating to the health conditions for complex cases, including psychological and social aspects.
	Implement optimal treatment for uncomplicated patient conditions in a safe manner.	Implement optimal treatment for most patients' conditions in a safe manner.	Implement optimal treatment for complex conditions in a safe manner.
	Prepare medical records and documents that include the minimum necessary information of the treatment details and their rationale in an appropriate manner.	Prepare medical records and documents relating to the treatment details and rationale in an appropriate and timely manner.	Able to prepare the necessary and sufficient medical records and documents relating to the treatment details and rationale in an appropriate and timely manner, as well as teaching this to others.

No opportunity to observe

Comments:

4. Interpersonal and Communication Skills:

Residents must establish satisfactory relationships with patients and their families with consideration for their psychosocial backgrounds.

Level 1 Model core curriculum	Level 2	Level 3 Level expected at the completion of residency training	Level 4
<ul style="list-style-type: none"> ■Able to provide a summary on the method and skills in communication and their impact. ■Able to establish satisfactory relationships and empathize with patients and their families. ■Able to provide consideration of the pain of patients and their families, as well as grasping and organizing psychosocial issues in plain terms. ■Able to explain the manner for responding to patient requests. 	Use the minimum necessary level of courtesy in speech, have a courteous attitude, and be well-groomed when interacting with patients and their families.	Speak in an appropriate manner, demonstrating a courteous attitude, and be well-groomed when interacting with patients and their families.	Speak in an appropriate manner, be well-groomed, and demonstrate an attitude suitable for the circumstances and the emotions of patients and their families.
	Organize the minimum information necessary for patients and their families, and support independent decision making by patients along with a medical advisor.	Organize information required by the patients and their families and explain this in an easy-to-understand manner to support independent decision making by the patients.	Organize information required by patients and their families sufficiently and explain this in an easy-to-understand manner to support independent decision making by the patients with consideration for subsequent effects to the patients and families.
	Grasp the primary needs of patients and their families.	Grasp the needs of patients and their families from physical, psychological, and social standpoints.	Grasp and integrate the needs of patients and their families from physical, psychological, and social aspects.

No opportunity to observe

Comments:

5. Practice in Interprofessional Teams:

Residents must understand the roles of diverse healthcare professionals and all other personnel related to patients and their families, seeking to cooperate with them.

Level 1 Model core curriculum	Level 2	Level 3 Level expected at the completion of residency training	Level 4			
<ul style="list-style-type: none"> ■Able to explain the significance of team medical care and participate in medical care as a member of the team (as a student). ■Able to recognize the limit of the self and ask for assistance from other medical professionals. ■Able to explain the role of the doctor in team medical care. 	Understand the objectives of the organizations and teams providing medical care in simple cases.	Understand the objectives of the organizations and teams providing medical care, as well as the roles of each member of the team.	Understand and implement the objectives of the organizations and teams providing medical care in complex cases.			
	Share information amongst the team members for the purpose of cooperation in simple cases.	Share information amongst the team members for the purpose of cooperation.	Actively share information amongst the team members and cooperate to provide optimal team medical care.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No opportunity to observe

Comments:

6. Patient Safety and Quality of Medical Care:

Residents must provide high-quality and safe medical care to the patients, taking into consideration the safety of all healthcare professionals.

Level 1 Model core curriculum	Level 2	Level 3 Level expected at the completion of training	Level 4			
<ul style="list-style-type: none"> ■Able to explain the importance of personal precautions and organizational risk control in preventing medical accidents. ■Able to explain the importance of reporting/notifying/consulting in medical practice and the illegality of altering medical documents. ■Able to provide a summary of the principles of medical safety control systems, as well as the causes and prevention of infections related to medical care. 	Understand the importance of the quality of medical care and patient safety.	Understand the importance of the quality of medical care and patient safety while making every effort to evaluate and improve these aspects.	Recognize and assess the importance of the quality of medical care and patient safety and suggest improvements.			
	Able to report/notify/consult at the appropriate frequency as a part of routine operation.	Practice reporting/notifying/consulting as a part of routine practice.	Practice and respond to reporting/notifying/consulting.			
	Understand the importance of preventing and taking actions after general medical accidents.	Prevent medical accidents and implement corrective measures if accidents do occur.	Analyze atypical medical accidents individually while also implementing preventive measures to avoid future accidents, and performing corrective actions after accidents have occurred.			
	Understand the necessity of health management for medical professionals and health maintenance for one's self.	Understand health management implemented by healthcare professionals (including vaccinations and responses to accidental exposures such as needle-stick injuries) and make efforts in protecting their own health.	Make efforts in encouraging other healthcare professionals to protect their own health.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No opportunity to observe

Comments:

7. Medical Practice in the Context of Society:

Residents must understand the various medical organizations and systems and contribute to local and international societies with consideration for the importance of the social aspects of medical care.

Level 1 Model core curriculum	Level 2	Level 3 Level expected at the completion of residency training	Level 4
<ul style="list-style-type: none"> ■ Able to provide a summary of the state of medical care in the regional community, including isolated areas and islands, and the current situation of the uneven distribution of doctors. ■ Able to explain concepts such as medical care plans, regional medical care concepts, community-based care, and regional healthcare. ■ Able to explain disaster medical care in times of disaster. ■ Actively participate and contribute to regional medical care (as a student). 	Understand the laws, regulations, and systems related to health and medical care.	Understand the purposes and mechanisms of laws, regulations, and systems related to health and medical care.	Understand the purposes and mechanisms of laws, regulations, and systems related to health and medical care and apply these in actual medical practice.
	Understand the health insurance system and publicly funded medical care.	Utilize health insurance and publicly funded medical care in an appropriate manner with consideration for the burden of medical expenses on the patients.	Determine the eligibility of health insurance and publicly funded medical care, and utilize these in an appropriate manner.
	Understand the importance of grasping the health issues and needs in the local community.	Grasp the health issues and needs in the local community and propose necessary measures.	Grasp the health issues and needs in the local community and propose and implement necessary measures.
	Understand the necessity of preventive medical care, healthcare, and the promotion of health.	Encourage preventive medical care, healthcare, and health promotion.	Suggest specific ideas for the improvement of preventive medical care, healthcare, and the promotion of health.
	Understand the community-based care system.	Understand the community-based healthcare system and contribute to its promotion.	Understand the community-based care system and actively take part in the promotion of this system.
	Understand the possibility of non-routine medical needs such as in times of disasters or pandemics.	Be prepared for medical risk management in disasters, pandemics and other events affecting large groups.	Take leadership in implementing organizational measures and practical measures in preparation for non-routine medical needs such as in disasters or pandemics.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> No opportunity to observe			

Comments:

8. Scientific Exploration:

Residents must understand the scientific approaches in medicine and medical care and contribute to the advancement of medicine and medical care through scholarly activities.

Level 1 Model core curriculum	Level 2	Level 3 Level expected at the completion of training	Level 4
<ul style="list-style-type: none"> ■ Able to explain that research is conducted for the development of medicine and medical care as well as to promote benefits for patients. ■ Able to link the information and knowledge obtained from lectures on life sciences, practical sessions, and analysis of patients and disorders to further understanding of the disorders, diagnoses, and treatments. 	Recognize the questions in medical care.	Pursue, answering clinical questions that arise during medical practice in a scholarly manner.	Translate the questions in medical care to research tasks and establish research plans based on these.
	Understand the scientific research method.	Understand and utilize the scientific research method.	Understand and utilize appropriate scientific research methods for the intended purpose.
	Understand the significance of clinical research and clinical trials.	Understand the significance of clinical research and clinical trials and cooperate with these studies.	Understand the significance of clinical research and clinical trials and cooperate with and conduct these studies in actual clinical settings.

No opportunity to observe

Comments:

9. Lifelong Learning:

Residents must continue lifelong autonomous learning while reflecting upon themselves for improvement of the quality of medical care in collaboration with other physicians and healthcare professionals, also contributing to the development of junior personnel.

Level 1 Model core curriculum	Level 2	Level 3 Level expected at the completion of residency training	Level 4
<p>■ Able to explain the importance of lifelong learning and collect information required for continuous learning.</p>	<p>Understand the necessity of absorbing the rapidly changing and developing medical knowledge and technology.</p>	<p>Make efforts to absorb the rapidly changing and developing medical knowledge and technology.</p>	<p>Constantly reflect upon one's self to absorb the rapidly changing and developing medical knowledge and technology and make efforts toward self-improvement.</p>
	<p>Maintain an attitude of seeking to learn from colleagues, junior and senior personnel, and medical professionals other than doctors.</p>	<p>Engage in mutual teaching and learning with colleagues, junior and senior personnel, and healthcare professionals other than physicians.</p>	<p>Engage in mutual improvement with colleagues, junior and senior personnel, and medical professionals other than doctors while also training junior personnel.</p>
	<p>Understand the importance of governmental policies in Japan and overseas, as well as the latest trends in medicine and medical care (including drug-resistant microbes and genomic medicine).</p>	<p>Understand governmental policies in Japan and overseas, as well as the latest trends in medicine and medical care (including drug-resistant microbes and genomic medicine).</p>	<p>Understand governmental policies in Japan and overseas, as well as the latest trends in medicine and medical care (including drug-resistant microbes and genomic medicine) and utilize these in actual clinical practice.</p>

No opportunity for observation

Comments:

Evaluation Form III

Evaluation on “C. Independent Practice Allowed in Conditional Situations”

Name of Resident _____

Area/Clinical Department in Rotation _____

Observer Name _____ Category Physician Other Than Physician (Profession: _____)

Observation Period ____/____/____ to ____/____/____ (DD/MM/YYYY)

Date Recorded ____/____/____ (DD/MM/YYYY)

Level	Level 1 Able to perform under the supervision of the medical advisor	Level 2 Able to perform under circumstances where the medical advisor can attend promptly	Level 3 Generally able to perform independently	Level 4 Able to provide guidance to junior personnel	No opportunity to observe
C-1. General Ambulatory Care Able to diagnose and treat frequently encountered signs, symptoms and conditions through an appropriate clinical reasoning process, and provide continued medical care for common chronic disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-2. Ward Care Able to formulate care plans for inpatients, including acute-stage patients, as well as provide general and systematic treatment for the patient, including arranging their discharge with consideration for community cooperation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-3. Primary Emergency Care Able to grasp and diagnose the state and the level of urgency of acute patients, as well as provide first-aid measures and cooperate with specialty departments in and out of the hospital as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4. Community-based Healthcare Able to understand the characteristics of regional medical care as well as the concept and framework of community-based healthcare, while cooperating with a variety of facilities and organizations related to medical care, long-term care, healthcare, and welfare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please record any episodes that made an impression on you.

Adjudication Form for Accomplishing Objectives

Name of Resident:

A. Fundamental Values as Physicians (Professionalism)		
Objectives	Accomplishment: Yes/No	Remarks
1. Accountability	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Altruistic Attitude	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Respect for Humanity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Lifelong Learning	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Competencies and Capabilities		
Objectives	Accomplishment: Yes/No	Remarks
1. Ethics in Medicine and Medical Practice	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Medical Knowledge and Problem-solving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Procedural Skills and Patient Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Interpersonal and Communication Skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Practice in Interprofessional Teams	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Patient Safety and Quality of Medical Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Medical Practice in the Context of Society	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Scientific Exploration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Lifelong Learning	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Basic operations in clinical practice		
Objectives	Accomplishment: Yes/No	Remarks
1. General Ambulatory Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Ward Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Initial Emergency Response	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Community-based Healthcare	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Overall Accomplishment of Objectives		<input type="checkbox"/> Accomplished <input type="checkbox"/> Not accomplished
(Any required conditions for accomplishing all objectives)		

/ / (DD/MM/YYYY)

