

Reform into competency-based curriculum in medical education in South Korea

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Seoul National University College of Medicine

History

- 1899~ 醫學校 Eui-Hak Gyo: Korea's first modern medical school
- 1946~ Seoul National University College of Medicine

Current Status

- 536 full time professors, 339 clinical professors
- 842 medical students (premed: 211, med: 631)
- 719 graduate students (M.S., Ph.D.)

Affiliated organization

- Seoul National University Hospital
- SNU Children's Hospital
- SNU Cancer Hospital
- SNU Bundang Hospital
- SNU Boramae Hospital
- SNU Gangnam Center

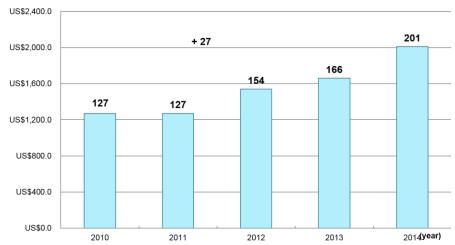




Seoul National University College of Medicine

Research publication and grant

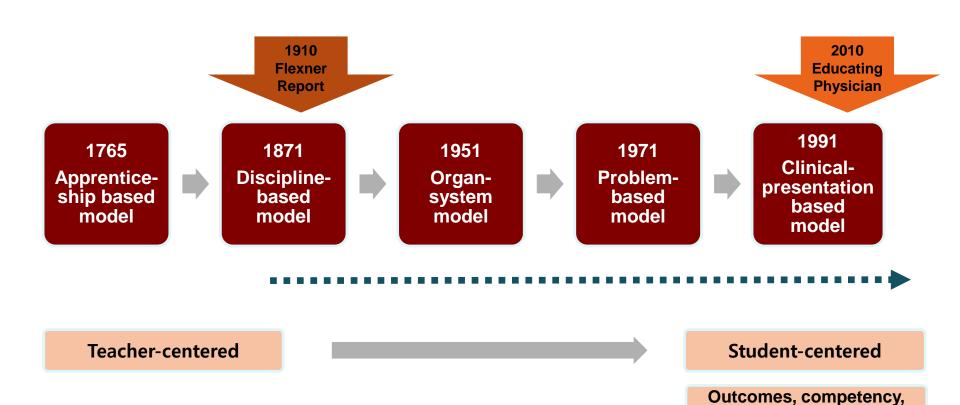




QS ranking by subject

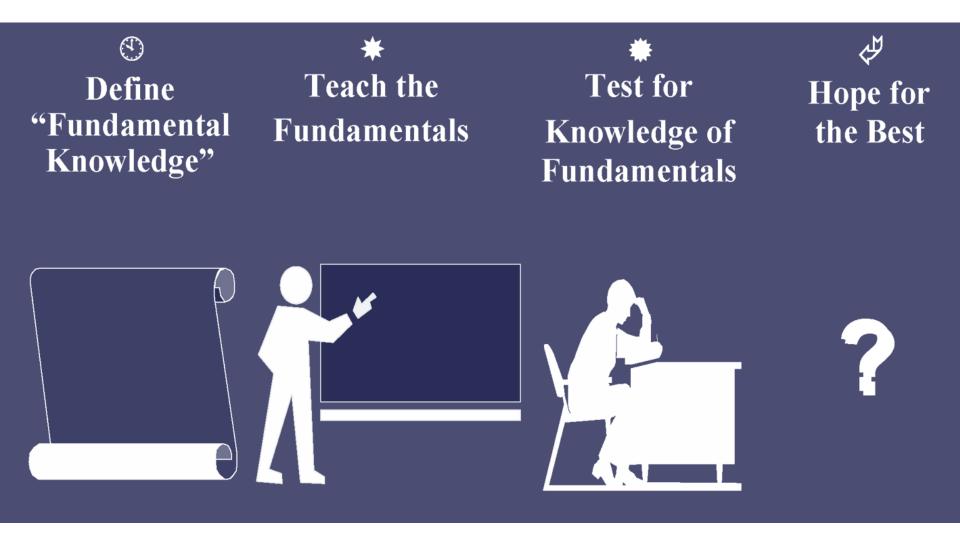
	2014	2015	2016	2017
Subject (medicine)	56	48	48	40

Trend of medical education



task based

Flexner Model



Competency Based Model





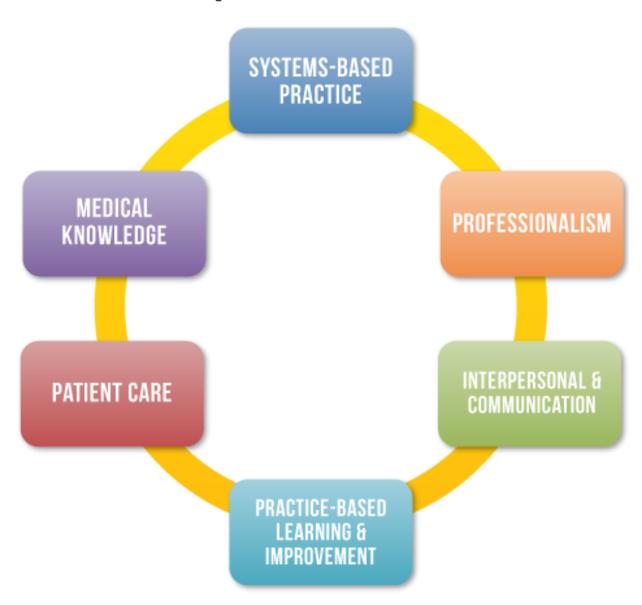


Develop Learning Experiences Design
Measures and
Standards of
Performance



Assessment

ACGME Core Competencies



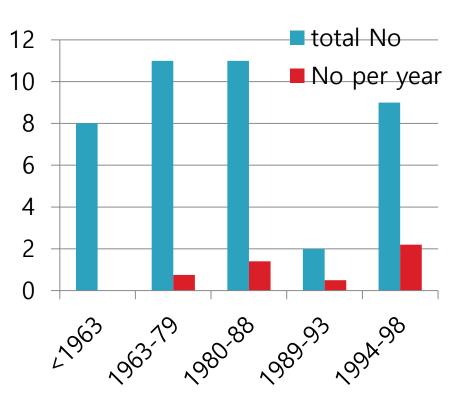
2014 Medical Doctors' Competency in Korea

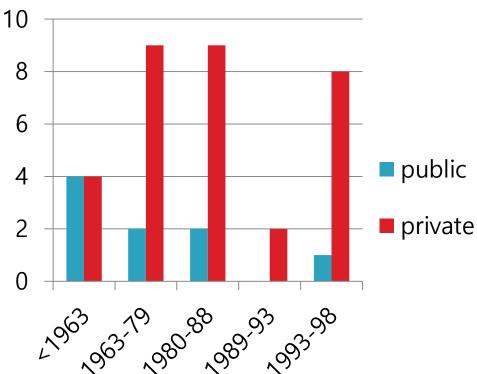


Accreditation standards for medical education

GMC	WFME	LCME
1. Learning environment and culture	6. Educational resources	3. Academic and Learning Environments 5. Educational Resources and Infrastructure 9. Teaching, Supervision, Assessment, and Student and Patient Safety
2. Educational governance and leadership	 Mission and outcomes Governance and administration Continuous renewal 	 Mission, Planning, Organization, and Integrity Leadership and Administration
3. Supporting learners	4. Students	10. Medical Student Selection, Assignment, and Progress 11. Medical Student Academic Support, Career Advising, and Educational Records 12. Medical Student Health Services, Personal Counseling, and Financial Aid Services
4. Supporting educators	5. Academic staff/faculty	4. Faculty Preparation, Productivity, Participation, and Policies
5. Developing and implementing curricula and assessments	2. Educational programme3. Assessment of students7. Programme evaluation	6. Competencies, Curricular Objectives, and Curricular Design7. Curricular Content8. Curricular Management, Evaluation, and Enhancement

Distribution of Established Year of Medical Schools in Korea (N=41)





Development of accreditation system in Korea

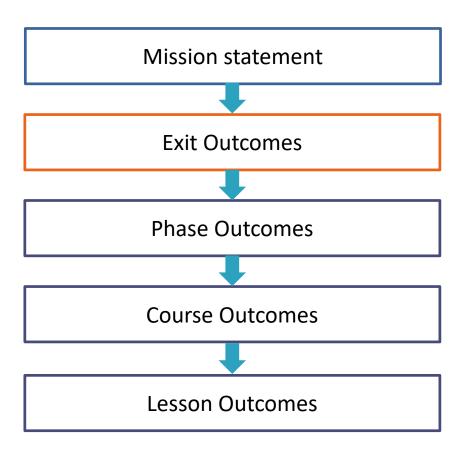
- Early 1990s Need for quality assurance system
- 1992 Seminar on the confidential system of medical school sponsored by Korean Association of Medical College
- 1993 Voluntary, small scale self-evaluation
- 1996 Programmatic accreditation done by Korean Council for University Education
- 1998 Accreditation Board for Medical Education in Korea (ABMEK)
- 2003 Korean Institute of Medical Education and Evaluation (KIMEE)

Standards in accreditation by KIMEE (2013)

Areas (6)	Sub areas (20)
Governance	Foundation/administration/finance/developmental plan/improvement effort (5)
Basic medical education curriculum	framework/ development and support/structure and operation/outcome evaluation/assessment quality (5)
Student	Admission policy and selection/guidance system/welfare and security/career guidance (4)
Faculty	Full-time faculty/academic activity/faculty development (3)
Facilities and resources	Education equipment/research equipment (2)
Postgraduate education	Postgraduate curriculum (1)

Design Process for New Curriculum

Outcome based curriculum



Exit Outcomes in SNUCM

1. Clinical competency

- Understanding human body and diseases
- 2. Collecting clinical data and diagnosis
- 3. Utilization of medical resources and treatment
- 4. Diseases prevention and health promotion

2. Research competency

- 5. Critical, clinical thinking
- 6. Ability for research performance

3. Leadership and International Perspectives

- 7. Empathetic understanding and communication
- 8. Understanding society and culture
- 9. Understanding international health

4. Professionalism

- 10. Observing ethics and law
- 11. Continuous self development
- 12. Social contribution

Five Design Principles for New Curriculum

- Horizontal/vertical Integration
- Expansion of selective course
- Reinforcement of self-directed learning
- Intensification of clinical clerkship
- Comprehensive and appropriate evaluation and feedback

Directions of curriculum reform

Graduates of SNUCM

Clinical Competency



Elective



Self-Directed Learning



Enhanced Clinical Clerkship



Integration



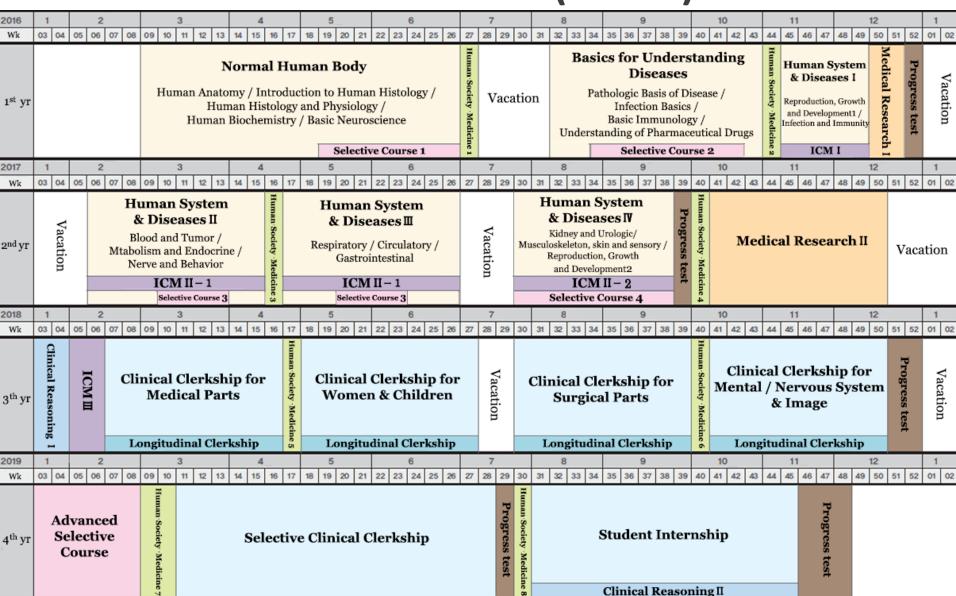
Evaluation and Feedback

Leadership

Professionalism

Research

New Curriculum in SNUCM (2016~)



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4 phases in the curriculum

- Normal human body
 - Anatomy, physiology, biochemistry, histology, neuroscience
- 2. Basics for understanding disease
 - Pathology, microbiology, pharmacology, parasitology
- Human & diseases
 - Integrated courses between basic and clinical science
 - Team-based learning, case-based learning
- 4. Clinical clerkship
 - Core clerkship
 - Selective clerkship
 - Student internship

Integration

- Horizontal & Vertical Integration
- Integration among
 - basic science
 - clinical medicine
 - professionalism
 - leadership

Early exposure to clinical situation

- In 1st and 2nd year
 - Patient interview
 - Physical examination
 - Hospital visit
 - Clinical ethics
 - Career development programs

Simulation Based Learning





Simulation Based Learning

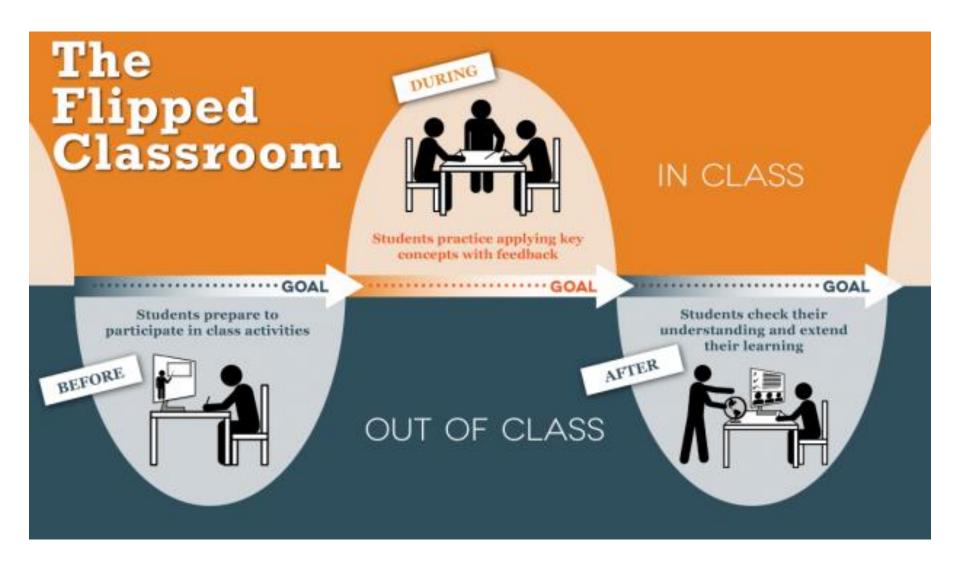


Self-directed Learning

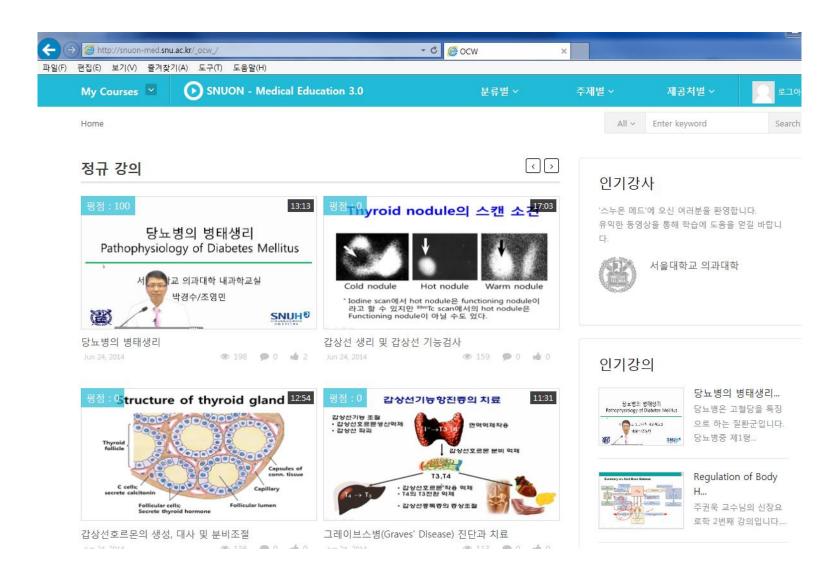
Lecture halls without lecture

- Flipped learning
 - Team-based learning
 - Case-based learning
- Interactive learning

Active Learning: Flipped Classroom



E-Learning: Medical Education 3.0



Team-based learning



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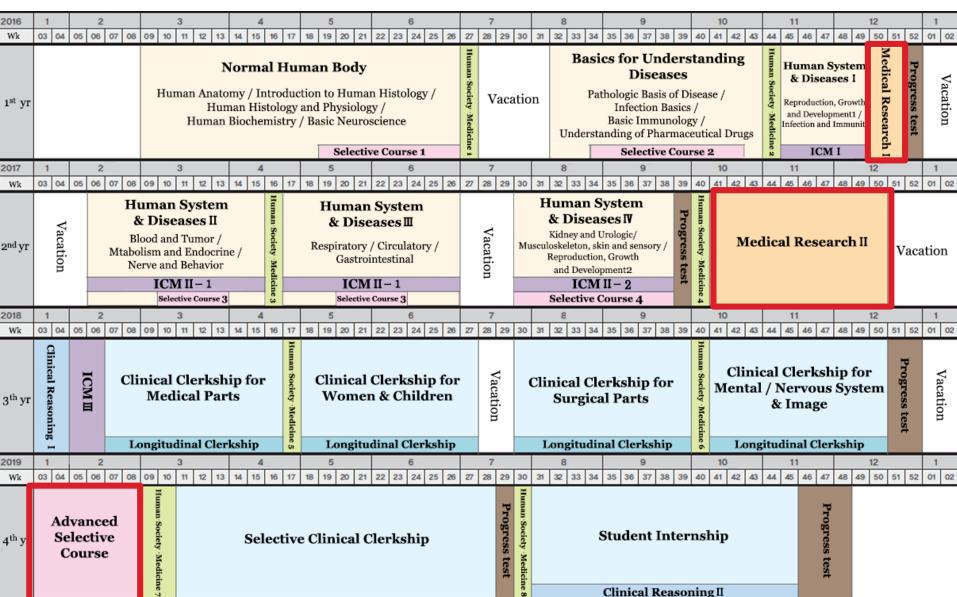
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New Curriculum in SNUCM



Medical Research

- 1st year (2 weeks)
 - Course for orientation of medical research
 - Basic concept for medical research, ethics, basic methodology, statistics, etc.

- 2nd year (10 weeks)
 - Performance of medical research as a team with other student or individual with a supervisor in diverse laboratories

- 4th year (6 weeks)
 - Students can spend this period for completing their research

Integrative Biomedical Education Research Building

Develop a "21st Century R&D and talent development linked system" that will lead cutting-edge modern research

- * Location Multi-Disciplinary Laboratory, Research Building 2
- * Gross floor area 17,700 m²



Medical Science Building

Total Cost 167 mil USD **Gross floor area** 10,506 m²



Wide River Institute of Immunology

To make a healthy world by leading biomedical research based on creative and collective intelligence

Location Guneop-ri, Hwacheon-myeon, Gangwon, Korea

Gross area 93,691 m² **Gross floor area** 8,340 m² (3 Building)





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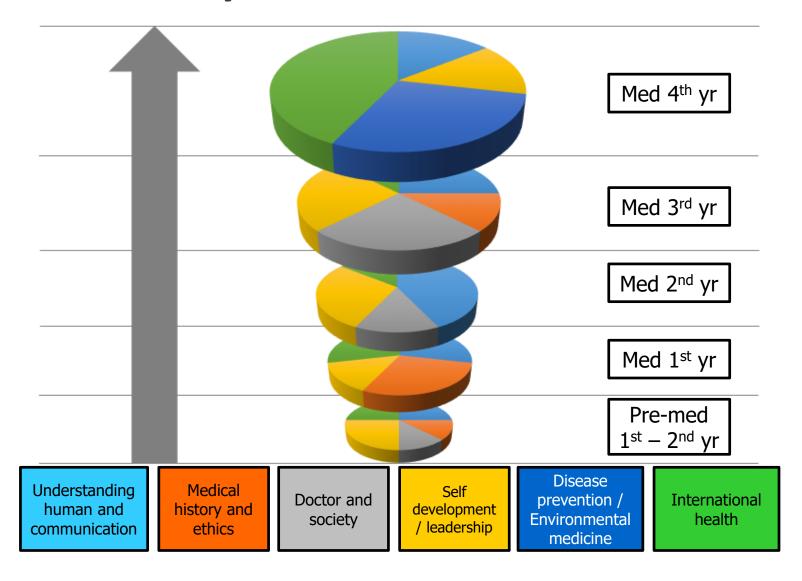
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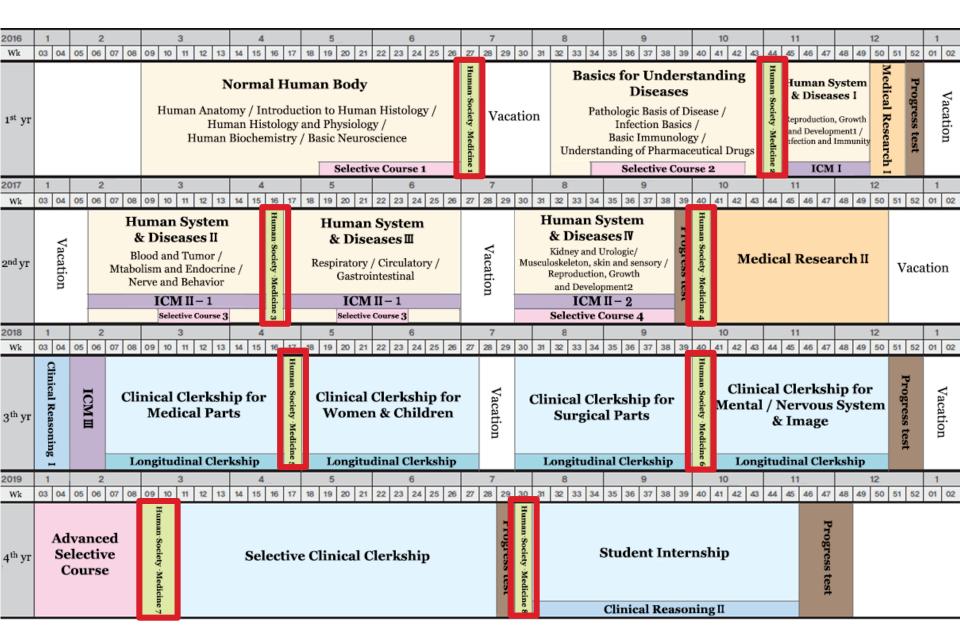
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Human-Society-Medicine



New Curriculum in SNUCM



Diverse selective courses

- Selective course in 1st and 2nd years
 - 3-4 hours a week for 8 weeks during a half year
 - Students select one from 10-20 subjects according to their interest and ability
- Advanced elective course in 4th year
 - Research: basic science, clinical science or complementary-alternative medicine
 - Career search opportunity: internship in newspaper publishing company,
 pharmaceutical company...
 - Voluntary service: overseas, domestic
- Selective clerkships in 4th year

International Partner Institutions

Total 56 (America 13, Europe 3, Asia 35, Oceania 4, Middle East 1)



JW LEE Center for Global Medicine

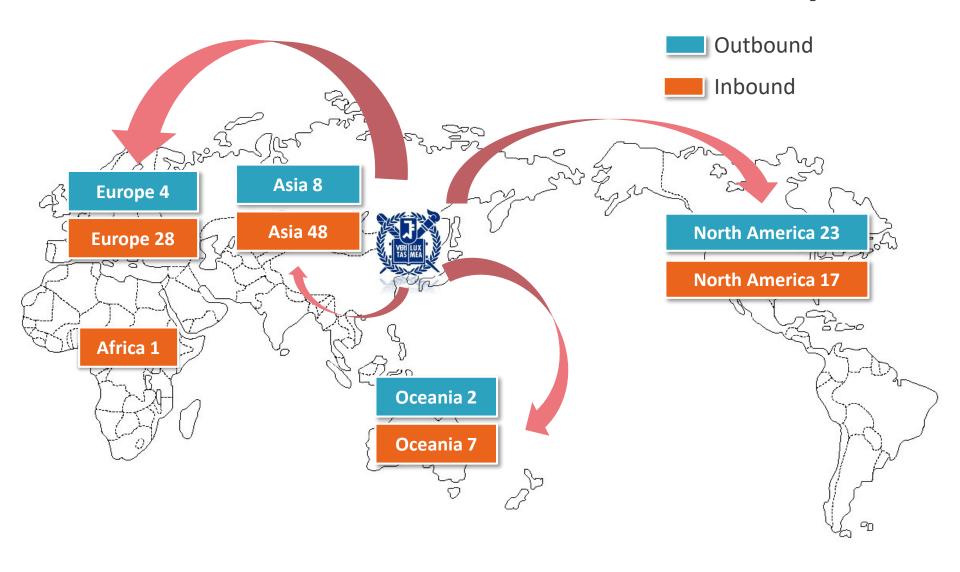
Head Office Advisory Committee Primary Health Care & Community Office of Office of Education **Development** Communication and Development Information Unit & Archives Unit of Hospital Service Education, Strengthening Research & Unit **Policy** Secretariat **Partners** WHO, World Bank, KOFIH, KOICA...

In the international community, especially in developing countries, JW LEE CGM at SNU supports health promotion activities based on its foundation of **sustainable medical knowledge** and **technology**.





SNUCM Students' International Clerkship



Challenge of curricular reform

- Faculties' resistance to curricular reform
 - Incomplete comprehension of intention of curricular reform
 - Unfamiliarity with new methods such as team-based learning
 - Adherence to previous curriculum and teaching systems
- Students' resistance to curricular reform
 - Lack of patience to unavoidable trial-and-errors during the reforms
- Overloading work to the staffs leading the reform
 - Steadily demanding process of curricular reform
 - Needs for manpower and financial supports to the office of medical education

Summary

Competency-based curriculum in South Korea

- Background
 - Change of medical environment (self-directed learning, team-work, etc.)
 - 2003~ Korean Institute of Medical Education and Evaluation (KIMEE)
 - Global standard (WFME, LCME)
- Introduction of competency-based curriculum

Exit outcome Phase outcome Course outcome Lesson outcome

- Challenge of curricular reforms
 - Faculties' resistance and adherence to previous system
 - Exhaustion of the staffs working for curricular reform

Thank you