

Original Article

Participation of Korean Medical Students in Clinical Practice Course in Western Medical School: Case of College of Korean Medicine

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Objectives: The purpose of this study is to develop a clinical practice observation course in a medical school that can give Korean medical students opportunities to experience the treatment environment in western medicine, and to analyze the results of the course.

Methods: A total of 47 (collection rate: 85.5%) senior students of the College of Korean medicine in Gyunggi-do replied to the survey. Twenty-seven of them were male and 20 were female. They participated in the clinical practice observation course in the medical school two days a week for two weeks (total: four days) in the academic year 2011-2012. Before the course, an orientation was held; and upon the students' completion of the course, they presented their experiences and replied to the survey.

Results: According to the survey, the purpose of the course was well explained (91.5%), and the course was necessary for Korean medical students (97.9%). The four-day course duration was inappropriate, though (83%). The female students were more satisfied with their participation in the fourth year and with the timing of the course than the male students were. The students who finished the course at the surgical departments recognized the necessity of the course more than the students who finished the course at the non-surgical departments. The advantages of the course included opportunities to observe operation scenes and experience clinical treatment processes and systems. The weakness of the course included poor organization due to the short preparation period.

Conclusions: The course was confirmed as necessary for Korean medical students so that they would understand the treatment environment in western medicine. Through the course, the students broadened the understanding of the disease and developed a strong sense of identity as Korean medical students. The duration of the course needs to be extended, and its structure should be enhanced. Furthermore, various educational programs that offer Korean medical students opportunities to experience various clinical cases need to be introduced.

Introduction

The system of Korean-western integrated medical treatments has been explored since the 1980s. At present, the system has been introduced and implemented in university hospitals, but the scope of integrated treatments is very limited, and most of the cases are referrals from Korean medical institutions

to western medical institutions¹). Patients show very positive responses to the system of Korean-western integrated medical treatments, and the system is considered very important for enhancing patient satisfaction. According to the study of Gang et al.², Korean-western integrated medical treatments can allow the treatment methods to be decided on early, the treatment time and cost to be cut down, and the

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treatment effects to be enhanced. Accordingly, the system of Korean-western integrated medical treatments can be a starting point for the improvement of national health, and a way of exploring the development of medical sciences. Nevertheless, members of Korean medicine and western medicine have been mutually exclusive, and have not understood each other well³⁾.

Most recently, some members of Korean medicine and western medicine have recognized the need for mutual understanding of both sciences. According to a study, 35.9% of western medical doctors who are working at institutions that offer Korean-western integrated medical treatments have experienced receiving Korean medical education, after which their understanding of Korean medicine was enhanced⁴⁾. According to the certification criteria of the Korean Institute of Medical Education and Evaluation, medical schools are required to establish courses on alternative medicine that include Korean medicine, and 45% of the western medical doctors answered that they obtained information on Korean medicine through courses in medical schools. The implementation of problem-based learning (PBL) for pairs of Korean and western medical students significantly improved their understanding of each other's science⁵⁾. As seen, even though the establishment of courses for Korean and western students in medical schools and Korean medical colleges can contribute to the enhancement of their mutual understanding, efforts to do so have been insufficient.

In most Korean medical colleges, western medicine courses have been limited to basic courses such as physiology, anatomy, biochemistry, and clinical pathology⁶⁾. In medical education, clinical practice, which involves the application of theory to treatment cases, is as important as theory. The rare exposure of Korean

medical students to opportunities for clinical practice in the western medical environment may contribute to the generation of vague distrust of western medicine and the formation of a victim mentality. Therefore, the authors thought that if Korean medical students are exposed to western medicine clinical cases, their sense of identity as Korean medical students might be reinforced. A study that targeted Korean medical practitioners confirmed the need to understand the meaning of clinical procedures in western medicine and emphasized the need for education on western medicine clinical cases⁷⁾. Few studies have been reported, however, on courses in the Korean medical program for experiencing clinical practice in the western medicine setting, and on their results.

In this study, a course that will provide Korean medical students with opportunities to observe the western medical system and treatment sites was suggested to take advantage of the environment of the authors' university, which has both a Korean medical college and a medical school, as well as the system of Oriental-western integrated medical treatments. In detail, the fourth-year Korean medical students who completed the Korean medicine clinical practice course participated in the western medicine clinical practice course to understand western medicine better. Upon their completion of the course, their levels of satisfaction with the course were analyzed to come up with basic data for the improvement of the quality of Korean medical education.

Subjects and Methods

The course, as part of clinical practice is a mandatory subject with five credits that is offered as a clinical practice course for fourth-year

Table 1. Department for Clinical Practice and Participants, Academic Year 2011

First week May 24-25, 2011		Second Week May 31-June 1, 2011	
Department	N	Department	N
Gastroenterology	2	Pulmonology	2
Rheumatology	2	Endocrinology	2
Infectious Diseases	2	Hematology	2
Cardiology	2	Nephrology	2
Surgery	2	Surgery	2
Obstetrics and Gynecology	2	Obstetrics and Gynecology	2
Pediatrics	2	Pediatrics	2
Radiology	2	Radiology	2
Psychiatry	2	Psychiatry	2
Neurology	2	Neurology	2
Otolaryngology	2	Ophthalmology	2
Orthopedics	2	Plastic Surgery	2
Anesthesiology	2	Anesthesiology	2
Rehabilitation Medicine	2	Rehabilitation Medicine	2
Family Medicine	2	Family Medicine	2
Emergency Medicine	2	Emergency Medicine	2
Thoracic Surgery	3	Thoracic Surgery	3

* N=number

Korean medical students. The goal of the course is to impart clinical knowledge that is necessary for future Korean medical doctors. While taking the course, students are required to understand the characteristics of each clinical department, build up their knowledge of theories, develop the right

attitude and mindset as future Korean medical doctors, and understand the features of medical services. The course is composed of practice in outpatient departments of Korean medical hospitals, on-call rooms, wards, and research facilities, if necessary. Several years ago, clinical

Table 2. Department for Clinical Practice and Participants, Academic Year 2012

First week May 14-15, 2012		Second Week May 21-22, 2012	
Department	N	Department	N
Gastroenterology	2	Pulmonology	2
Rheumatology	2	Endocrinology	2
Infectious Diseases	2	Hematology	2
Cardiology	2	Nephrology	2
Surgery	2	Ophthalmology	2
Obstetrics and Gynecology	2	Plastic Surgery	2
Pediatrics	2	Anesthesiology	2
Radiology	2	Rehabilitation Medicine	2
Psychiatry	2	Family Medicine	2
Neurology	2	Emergency Medicine	2
Neurosurgery	3	Dermatology	2
Otolaryngology	2	Thoracic Surgery	3
Orthopedics	2	Urology	2

* N=number

practice observation at departments of western medical hospitals was added. Practice schedule and departments are as follows (Table 1, 2).

1. Subjects

This study targets fourth-year Korean medical students who had had clinical practice at a western medical hospital. A total of 55 students, 30 of them Korean medical students in their fourth year in 2011 and 25 Korean medical students in their fourth year in 2012, received the questionnaire. Of these students, 47 (collection rate: 85.5%) --27 male and 20 female--replied to the survey.

2. Method

The clinical practice in the academic year 2011-2012 lasted for two days over two weeks (total: four days) in selected departments. The students were asked to choose two departments for their clinical practice, and they spent four days in the departments two days a week in two weeks. In 2011, the students chose 23 departments; and in 2012, 26 departments. Written requests for cooperation were delivered to each department. Before the clinical practice, an orientation was held for the students that included an introduction

to the course, matters to be attended to, and the hospital. Upon the students' completion of the course, they presented their experiences and filled out the questionnaire during the evaluation meeting. The questionnaire was composed of seven items on the students' satisfaction level, one item on the difference between Korean and western medicine clinical practices, and four items on the strong points of Korean medical practice and its points for improvement. Multiple choice items were evaluated on a scale of 1 to 4 (4: absolutely yes, 3: yes, 2: no, and 1: absolutely no).

3. Analysis Method

The analysis methods that were used in this study were as follows. First, the mean, standard deviation, and frequency were investigated to measure the satisfaction of the students with the clinical practice observation course in medical school. Second, a t-test was conducted to investigate the differences in the students' satisfaction levels by gender and clinical practice department (surgical departments or non-surgical departments). Finally, the freely expressed opinions on strong points and points for improvement in the clinical practice observation

Table 3. Evaluation of the Clinical Practice Observation Course in the Medical School

Item	Absolutely Yes	Yes	No	Absolutely No	M	SD
The purpose of the course was well explained to the observing students.	5 (10.6)	38 (80.9)	4 (8.5)	0 (0.0)	3.02	0.44
The course is considered necessary for Korean medical students.	17 (36.2)	29 (61.7)	1 (2.1)	0 (0.0)	3.34	0.52
My expectations from the course were met.	5 (10.6)	32 (68.1)	10 (21.3)	0 (0.0)	2.89	0.56
The school year of the observing students and the timing of the course were appropriate.	10 (21.3)	27 (57.4)	9 (19.1)	1 (2.1)	2.98	0.71
The duration of the course (four days) was appropriate.	0 (0.0)	8 (17.0)	31 (66.0)	8 (17.0)	2.00	0.59
The instructions were thoroughly given by the department in charge of clinical practice.	4 (8.5)	25 (53.2)	17 (36.2)	1 (2.1)	2.68	0.66
The course was satisfactory.	5 (10.6)	29 (61.7)	12 (25.5)	1 (2.1)	2.81	0.65

* M=mean, SD=standard deviation

course and the Korean medicine clinical practice course were categorized by theme to determine their frequency.

Results

1. Course Evaluation

Table 3 shows the results of the evaluation of the purpose of the clinical practice observation course in medical school, its achievement ratio, the students' satisfaction with it, the time and duration of the course, and the appropriateness of the clinical practice instruction.

First, the mean value of the item 'The purpose of the course was well explained to the observing students' was 3.02 (SD = 0.44), and 91.5% of the students answered 'Absolutely yes' (four points) or 'Yes' (three points), which are positive responses from majority of the subjects. The students who answered 'No' described their reasons as 'The purpose of the course was not explained in detail, and in-depth information on the clinical practice in each department was not available,' which means they thought the explanation of the purpose lacked details.

Second, the mean value of the item 'The course is considered necessary for Korean medical students' was 3.34 (SD = 0.52), and 97.9% of the students answered 'Absolutely yes' (four points) or 'Yes' (three points), which means they highly evaluated the course necessity.

Third, the mean value of the item 'My expectations were fulfilled through the course' was 2.89 (SD = 0.56), and 78.7% of the students answered 'Absolutely yes' (four points) or 'Yes' (three points), whereas 21.3% of them answered 'No' (two points).

Fourth, the mean value of the item 'The school year of the observing students and the timing of the course were appropriate' was 2.98 (SD =

0.71), and 78.7% of the students answered 'Absolutely yes' (four points) or 'Yes' (three points), whereas 21.3% of the students answered 'No' (two points) or 'Absolutely not (one point). When the students who answered 'The school year of the observing students and the timing of the program were inappropriate' were asked what they believed the appropriate school year and timing were, nine answered 'The second semester of Grade 3.'

Fifth, the mean value of the item 'The duration of the course (four days) was appropriate' was 2.00 (SD = 0.59), and 17.0% of the students answered 'Absolutely yes' (four points) or 'Yes' (three points), but 83% answered 'No (two points) or 'Absolutely not (one point). These mean that majority of the subjects thought the course was too short. When the students who answered that the duration of the course was inappropriate were asked about the appropriate duration, 14 answered one week for practice in one department and one week for practice in several departments; 10 answered two weeks (10 days); and 10 answered four weeks.

Sixth, the mean value of the item 'The instructions were thoroughly conducted by the department in charge of clinical practice' was 2.68 (SD = 0.66), and 61.7% of the students answered 'Absolutely yes' (four points) or 'Yes' (three points); but 38.3% of the students answered 'No' (two points) or 'Absolutely not (one point). When asked about the reason for the insufficient practice instruction, six students answered that instructors in the western medicine departments in charge of clinical practice did not understand the purpose of the course and what to do for the students, and five students answered that they did not have an opportunity to ask and get feedback. In addition, three subjects answered that the western medicine instructors lacked understanding of Korean medicine and Korean medicine education, so they

Table 4. Analysis of the Difference in the Evaluations of the Clinical Practice Observation Course in the Medical School by Gender

Items	Gender	N	M	SD	P Value
The purpose of the course was well explained to the observing students.	Male	27	3.07	0.47	0.347
	Female	20	2.95	0.39	
The course is considered necessary for Korean medical students.	Male	27	3.26	0.53	0.220
	Female	20	3.45	0.51	
My expectations from the course were met.	Male	27	2.85	0.53	0.559
	Female	20	2.95	0.60	
The school year of the observing students and the timing of the course were appropriate.	Male	27	2.78	0.70	0.022
	Female	20	3.25	0.64	
The duration of the course (four days) was appropriate.	Male	27	2.11	0.58	0.135
	Female	20	1.85	0.59	
The instructions were thoroughly explained by the department in charge of clinical practice.	Male	27	2.56	0.64	0.134
	Female	20	2.85	0.67	
The course was satisfactory.	Male	27	2.74	0.59	0.410
	Female	20	2.90	0.72	

* N=number, M=mean, SD=standard deviation, and t-test was conducted to investigate the differences

instructed students with the bias that the students might not know anything about basic western medicine.

Seventh, the mean value of the item ‘The program was satisfactory’ was 2.81 (SD = 0.65), and 72.3% of the students answered ‘Absolutely yes’ (four points) or ‘Yes (three points), whereas 22.7% answered ‘No’ (two points) or ‘Absolutely not (one point). When asked about the reason for their dissatisfaction, 11 students answered that the western medicine departments in charge of clinical practice were not systematically prepared for the course, five students answered that the course was too short for the students to be able to experience various departments and it did not provide the environment for the Korean medical students to actively participate in it, and four students answered that the western medicine treatment schedule of the departments was too tight for the students to be able to ask questions or get feedback.

2. Evaluation of the Clinical Practice Observation Course in the Medical School

by Gender

Table 4 shows the results of the t-test on the clinical practice observation course in the medical school by gender.

A statistically significant difference by gender was observed only in the item ‘The school year of the observing students and the timing of the course were appropriate’ ($t = -2.376$ and $p < 0.05$). The mean value of the item ‘‘The school year of the observing students and the timing of the program were appropriate’’ was 3.25 for the female students and 2.75 for the male students, which show that more female students than male students answered positively. No statistically significant difference was observed by gender in the other items ($p > 0.05$).

3. Differences in the Evaluations of the Clinical Practice Observation Course in the Medical School by Department

The clinical practice departments were divided into two groups: the surgical departments and the non-surgical departments. Table 5 shows the differences in the evaluations of the clinical

Table 5. Analysis of the Differences in the Evaluations of the Clinical Practice Observation Course in the Medical School by Clinical Practice Department

Items	clinical practice department	N	M	SD	P Value
The purpose of the course was well explained to the observing students.	Surgical	27	3.07	0.27	0.572
	Non-surgical	18	3.00	0.59	
The course is considered necessary for Korean medical students.	Surgical	27	3.52	0.51	0.009
	Non-surgical	18	3.11	0.47	
My expectations from the course were met.	Surgical	27	2.96	0.59	0.293
	Non-surgical	18	2.78	0.55	
The school year of the observing students and the timing of the course were appropriate.	Surgical	27	2.89	0.70	0.318
	Non-surgical	18	3.11	0.76	
The duration of the course (four days) was appropriate.	Surgical	27	2.04	0.59	0.619
	Non-surgical	18	1.94	0.64	
The instructions were thoroughly explained by the department in charge of clinical practice.	Surgical	27	2.81	0.62	0.123
	Non-surgical	18	2.50	0.71	
The course was satisfactory.	Surgical	27	2.93	0.62	0.193
	Non-surgical	18	2.67	0.69	

* Of respondents, if do not have to answer the suevey did not include total number, N=number, M=mean, SD=standard deviation, and t-test was conducted to investigate the differences

practice observation course by department.

A statistically significant difference by clinical practice department was observed only for the item ‘The course is considered necessary for Korean medical students’ (t = 2.750 and p < 0.01). The mean of the students who were trained at the surgical departments and who answered that the course was necessary was 3.52, and that of the students who were trained at the non-surgical departments was 3.11, which show that the students who were trained at the surgical departments were more positive than the students who were trained at the non-surgical departments. Other than that, no statistically significant difference by clinical practice department was

observed (p > 0.05).

4. Strong Points and Points for Improvement in the Course

The freely expressed opinions of the students on the strong points of the course and its points for improvement were categorized by theme, and the frequency was analyzed. Table 6 shows the results.

The answer that showed the highest frequency for the “strong points” was the experiences in observing operation scenes and cases that are not available in Korean medicine such as cases of induced labor in the obstetrics department, open chest operation, laparotomy, and anesthesia. The

Table 6. Subjective Evaluation of the Course

Strong Points	N	Points to Be Improved	N
Observation of operation scenes	19	Poor organization of the course	18
Understanding of various treatment aspects in western medicine (treatments, diagnoses, rounds, bedside manner, etc.)	8	Short period	12
Efficient systems and treatment environment	7	Negative perspective and lack of knowledge by western medical doctors on Korean medicine	5

* Of respondents, if do not have to answer the suevey did not include total number, N=number

Table 7. Understanding of the Difference in the Clinical Practice of Korean Medicine and Western Medicine

Items	N
Observation in operating rooms	32
Viewpoint on diseases	20
Medical instruments	18
Diagnostic system	12
Student role in clinical practice	6
Attitude of medical staff	2

* Of respondents, if do not have to answer the suevey did not include total number. And allow multiple responses, N=number

answer with the second highest frequency for the “strong points” was the experiences in observing rounds, history taking, and the process of western medicine, which were superficially understood before. The students reported that they were helped to understand the difference between Korean medicine and western medicine by the patient treatment environment, electronic patient charts, high-tech medical devices, and specialized medical support system.

In comparison, the “points for improvement” in the course were related to the organization of the course. First, the confusion with the goal and purpose of the course was caused by the insufficient cooperation between the course coordinator and the hospital. Second, the clinical practice was conducted via observation, and was too short to allow in-depth experiences. Finally, misunderstanding by western medical doctors of Korean medicine and misunderstanding by Korean medical students of western medicine were observed, and these were indicated as the points for improvement.

5. Understanding of the Differences in the

Clinical Practice of Korean medicine and Western Medicine

Table 7 shows the results of the investigation of the understanding of the differences in clinical practice in Korean medicine and western medicine. The students were asked to select the two most significant differences in clinical practice in Korean medicine and western medicine from six items.

The most significant difference was seen in the observation in the operating rooms, followed by the viewpoint on diseases, medical instruments, diagnostic system, student role in clinical practice, and attitude of the medical staff.

6. Opinions on Improvements in Clinical Practice in Korean medicine

Table 8 shows the opinions of the Korean medical students on the needed improvements in the clinical practice course. A total of 16 students wanted to be exposed to various patients because they have limited opportunities to experience clinical cases and see patients. Five students reported that they need classes that introduce

Table 8. Opinions on Needed Improvements in Korean Medicine Clinical Practice

Opinions	N
Need for student exposure to various clinical cases so that they could directly see patients	16
Need for classes that introduce various clinical cases if actual patients are not available	5
Need for additional clinics in university hospitals for the course	3

* Of respondents, if do not have to answer the suevey did not include total number, N=number

various clinical cases if actual patients are not available. Three students wanted more opportunities for clinical practice in university hospitals and clinics.

Review

To enhance the satisfaction level of patients who experience two-tier medical service systems, the system of Korean-western integrated medical treatments must be understood. It is of course important to obtain basic knowledge on western medicine, but if opportunities for exposure to patient treatment processes are provided, significant educational effects may be anticipated. Experience plays an important role in learning, and this theoretical perspective on learning is called “learning from experience.”⁸⁾ In this study, the results of an on-the-spot experiential study of western medicine clinical practice were analyzed to help students understand western medicine. The review of the results and the conclusion are as follows.

Regarding the necessity of the course for Korean medical students, 97.9% of the students agreed, and 91.5% answered that the purpose of the course was sufficiently explained. According to Oh et al.⁸⁾, Korean medical doctors felt the need for western medical treatments, so learning western medical treatments in school was deemed necessary to remove students’ vague fear of western medicine. Even though the course was not meant for learning western medical treatments, the high demand of the students for a course that would help them understand western medicine clinical practice was confirmed in this study.

In this study, the students answered on the strong points of the course, was the experiences in observing operation scenes and cases that are not available in Korean medicine. The answer with the second highest frequency for the strong points

was the experiences in observing rounds, history taking, and the process of western medicine, which were superficially understood before. The students reported that they were helped to understand the difference between Korean medicine and western medicine by the patient treatment environment, electronic patient charts, high-tech medical devices, and specialized medical support system.

Therefore as targeted in the course, the need to understand the differences between Korean medicine and western medicine was recognized and accepted by the students. Upon their completion of the course, they recognized the differences between Korean medicine and western medicine through observation in operating rooms and study of the divergent viewpoints on diseases, medical instruments, diagnostic systems, and attitudes of medical staff who treated patients. The scientific perspectives of Korean medicine and western medicine may be the same, but their treatment methods were recognized as different in the course. Korean medicine was recognized as communicating deeper with patients than western medicine, emphasizing a holistic approach, and helping heal patients naturally. According to the learning from experience theory of Kolb⁹⁾, reflections on one’s own experiences based on concrete experiences and diverse perspectives are required for learning. Upon the students’ completion of the course, they could already answer questions about western medicine, it was no longer vague to them, and they no longer distrusted it. Through their experiences in the course, they eventually understood the scientific perspective of Korean medicine and developed a strong sense of identity as Korean medical students.

In the results of the evaluation of the course by gender and department type, the female students answered more positively than the male students

did the item 'The school year of the observing students and the timing of the program were appropriate.' These opinions may be used to decide on the school year and the timing in the future. The students who were trained at the surgical departments recognized the necessity of the course more than did the students who were trained at the non-surgical departments. This may have been due to their experience in observing operation scenes, which is the most significant difference between Korean medicine and western medicine. Therefore, it may be necessary to assign more students to surgical departments in the future.

Compared with the positive recognition of the necessity and meaning of the course, the satisfaction level of the students with the results of the course was low. According to the survey, 21.3% of the students answered that their expectations from the course were not met; 21.3% answered that the school year of the observing students and the timing of the program were not appropriate; 38.3% answered that the instructions were not thoroughly explained by the department in charge of clinical practice; 83% answered that the duration of the program (four days) was not appropriate; and 22.7% answered that the course was not satisfactory. In particular, the satisfaction level with the course duration was very low. Rather than two days a week over two weeks, five days for one week or longer than five days was preferred most. This shows the limitation of the observation practice. In-depth learning in unfamiliar areas in medicine is hardly attainable in a short period, and learning at an observer status might be superficial, which may have been why the satisfaction level with the meeting of the students' expectations was low. Due to the observer status, the level of educational achievements was also low. This supports the need to extend the duration of the course.

Therefore, a minimum course duration of one week or five days per department is necessary from now on to enhance students' concentration on the course, and to cultivate in them a sense of belonging. Some medical schools have "off-campus" courses that provide medical students clinical practice opportunities to understand the reality of medicine and the medical world in medical institutions in Korea and abroad. Those are usually four-week to six-week regular summer school courses that are offered in the third or fourth year of medical school⁹⁾. Rather than the observation course described in this study, the "off-campus" course may need to be introduced to the Korean medicine curriculum as a regular clinical practice course. Upon completion of the investigation of the demand level of students, it was found that a specialized clinical practice course in western medicine institutions for at least four weeks may increase the satisfaction level of the students.

Solutions for the low satisfaction level of the students with the course may be obtained from the suggestions of the students themselves. As mentioned, poor course organization was the most serious problem. This is thought to be due to the insufficient planning and discussion among the course coordinators and professors of the departments in charge of clinical practice. The four-day duration was too short, and the 26 departments had too diverse environments, so a consistent clinical practice system might be difficult to prepare, and the students' positions as observers might have lowered their satisfaction level. In addition, unlike the lecturing environment, clinical practice education is unstructured, and clinical situations change unpredictably. Though students spend long hours in the hospital for clinical practice, learning opportunities come not in a pre-arranged manner but in an accidental manner¹¹⁾, which can give the

students the impression that the course is not organized. Therefore, the duration of the course should be extended, each student must be asked to submit a practice plan to their tutors for review, and the tutors must evaluate the results of the clinical practice of the students.

According to a survey on the satisfaction level in the Korean medical college⁷⁾, the quality of the clinical practice courses in the college absolutely required improvements because the satisfaction level with the educational environment in the university hospital was found to be very low. In this study, the students pointed out that the problem with Korean medicine clinical practice is the comparatively fewer opportunities for clinical experience and for seeing patients than with clinical practice in western medical hospitals. Considering the importance of seeing various patients in the clinical practice course, the fewer opportunities for exposure to patients in Korean medicine than in western medicine is the most significant point for improvement in Korean medicine clinical practice. If the frequency of the university hospital visits to patients was not enough, a review of more clinical cases was required. In the case of medical schools, not only clinical practice education but also problem-based learning (PBL), case-based learning (CBL), and standard patients are used for indirect experience of clinical cases¹²⁾. Through PBL and CBL, clinical cases are provided to students, and discussion as well as critical thinking is induced. Using common clinical cases in Korean medicine, standard patients can be used for educational purposes. Application of diverse education methods may encourage learning and stir the interest of students¹²⁾. Development of these educational tools may be too heavy a burden for individual Korean medical colleges, so a consortium can be formed. As the students pointed out, clinical practice in clinics may be

needed in the future. Considering the characteristics of Korean medical education, university hospitals and clinics can form a team of teaching faculty with much experience and prestige for high-quality education⁸⁾.

In this study, a clinical practice course for Korean medical students was suggested to help them understand western medicine, enhance their understanding of both Korean and western medicine, enable them to apply their experiences to patient treatment, and reduce their vague fear of western medicine. This study is expected to contribute to the development of diverse Korean medicine clinical practice courses.

Conclusion

The clinical practice observation course for Korean medical students in western medicine departments was confirmed as absolutely necessary for the students to understand the treatment environment of western medicine. Through the course, the students are expected to understand the scientific perspective of Korean medicine and develop a strong sense of identity as Korean medical students. On the other hand, the duration of the course needs to be extended to one week (five days) or longer per department, and more opportunities for clinical practice in surgical departments should be given. In addition, if instructions based on concrete clinical practice plans and evaluations are added, the course may become more specialized and structured. Moreover, with the introduction of PBL, CBL, and standard patients, Korean medical students may have more opportunities to experience clinical cases, and the satisfaction level of the students with the clinical practice course may be enhanced.

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