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Gender inequality in academic medicine in Japan

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program incorporated documentation and billing exercises as part of an abbreviated 2-case OSCE and noted instances of under-coding, over-coding and even insurance fraud (Franzese 2008). We developed a formative geriatrics fellowship OSCE to teach principles of documentation, coding, and billing and to inform curricular improvement.

The OSCE blueprint included geriatric syndromes, end-of-life care, geriatric practice sites and varying patient complexity (robust, frail and dying). Fellows encountered six 30 minute scenarios, followed by 15 minutes to complete documentation, coding and billing. Performance checklists (history, exam and management skills) were completed by standardized patients and geriatrics faculty to provide individualized feedback.

Afterwards, fellows participated in a didactic session that modeled application of compliance principles to the six cases. Fellows received sample documentation for each case – including audit forms using Medicare guidelines highlighting key elements of the history, physical exam and medical decision making that determined billing. Fellows compared these samples with their documentation, coding and billing submissions.

Blueprinting the examination using key competencies, care locations and patient complexity guided creation of a highly-relevant examination. We identified deficits in attaining relevant history (alcohol abuse in elders) and exam findings (pressure ulcers) that affected documentation. Most fellows lacked understanding of basic compliance concepts that practicing geriatricians encounter – supplying rich opportunities for individual and program improvement. This experience highlighted the value of using the OSCE to teach documentation, billing and coding principles which support fellows' transition from learners to independent practitioners.

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Gender inequality in academic medicine in Japan

Dear Sir

According to the latest Japanese Ministry of Health survey, women comprise 18.9% of all physicians and 35.9% of physicians under 30 years old in Japan. Despite increasing number of women physicians, women in leadership positions remain a rarity in Japanese academic medicine. Some countries systematically gather and publish data on faculty ranks and promotions by gender in academic medicine. However, no comparable data exists in Japan. I reviewed the faculty rosters of all 80 Japanese medical schools and found that women constituted only 2.6% of all full-time professors and only two out of 80 deans (2.5%). Of 103 women full-time professors, 49 (48%) had positions in the departments of basic medical sciences. There were only few women professors in the surgical field (one each in neurosurgery, plastic surgery, breast surgery, otolaryngology and obstetrics and gynecology). For 51 public medical schools and 29 private medical schools, the percentages of women full-time professors were 2.2% and 3.1%, respectively. There were no women in full-time professors in approximately one third of medical schools. The scarcity of women in the leadership positions is also evidenced by another survey evaluating the number of women in Japanese academic societies: women comprised only 6.8% of all councilors of Japanese medical societies; 55 out of 100 societies did not have any women in director position (Tomizawa et al. 2012). In surgical societies, women constituted only 1% of councilors. A common argument to justify the paucity of women in leadership positions is that fewer women have been in the field long enough to have achieved leadership positions (the so-called "pipeline" argument) but the proportion of women in leadership positions is substantially lower than expected from the physician gender ratio in the current leadership generation.

Japan lags behind other countries in gender equality. In a report by World Economy Forum (Hausmann et al. 2012), Japan ranks 101th out of 135 countries in gender equality, mainly due to the underrepresentation of women in economic and political participations. My finding suggests that significant gender inequality is also present in academic medicine. Measures are needed to benchmark the representation of women and to promote gender equality in academic medicine in Japan.

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Communication skills training for health care professionals. What is it all about?

Dear Sir

Very few articles clearly report the basic strategies for empathic communication and Communication Skills Training (CST) in medical education. A successful communication is