

# Experiential Learning of Geriatric Medical and Nursing Education and Training in Japan

SETH WILSON



Honors 333 (Experiential Learning and Scholarly Engagement)

Mentor: Dr. Jayme Scally

---

*Experiential learning is the process by which we acquire and embed new knowledge from experience and subsequent reflection as theorized by David Kolb in 1984. In utilizing this concept to accommodate a growing population of elderly in Japan, Japanese medical and nursing schools have begun offering outpatient education programs in the homes of the elderly and community clinics that contrast more conventional inpatient clinical settings, like hospitals. The purpose is to engage students with novel patients, conditions, and experiences, to better prepare them for an older patient demographic in various settings. In each of the programs discussed, students were interviewed by researchers in Japan and provided qualitative data reflecting on their experiences. In analysis of the experiential learning value of each of these programs, most students reported that such experiences provided them with new perspectives regarding patient autonomy, the lifestyle of the elderly, the role of familial and communal support, and so on. Providing significance to these new perspectives is the gradual transition to home care and integrated community-based care models for the elderly in both Japan and the United States to mitigate the effects of a rapidly aging population.*

---

## Aging Population in Japan

It is widely known that Japan has the longest average life expectancy compared to any other country in the world—2nd if including Hong Kong—with 84.6 years as of 2019, a remarkable feat considering the global average of that same year was only 72.6 years (Roser, 2019). In other words, on average, a hypothetical cohort of infants born in 2019 could expect to

live 84.6 years in Japan if assumed that mortality patterns of that year remain constant throughout. Compared to other developed nations, Japan's high average life expectancy is linked to a combination of factors including healthy dietary habits, universal healthcare coverage, and culture (D'Ambrogio, 2020). Nevertheless, the quality of medical care still has a profound effect on the quality of life, and thus, the life expectancy of the elderly. And so, the purpose of this research paper is to highlight the various geriatric-oriented clinical



I am a current sophomore undergraduate student from Hilo, Hawai'i, studying Biology at the University of Hawai'i at Mānoa with hopes to work in the healthcare field. Earlier last semester, I was employed as a Certified Nursing Assistant (CNA) at a local nursing home where I interacted and cared for the elderly and those with chronic illness. It was an incredible experience and inspired me to undertake this research topic to explore geriatric education through an unfamiliar culture in my HON 333 Experiential Learning and Scholarly Engagement course. Medicine is almost entirely hands-on and the quality of clinical experiences, in my opinion, is tied closely to effective learning.

programs that supplement medical and nursing education in Japan.

An unintended consequence of Japan's success is a greater number of elderly to care for. Japan can be defined as a "super-aged" society with 36.2 million persons or 28.7% of its population over the age of 65, a percentage that will continue to inflate as Japan's population size regresses and as birth rates stagnate (D'Ambrogio, 2020). Despite this, the Japanese embrace the coming of old age with various social and cultural practices. The elderly are celebrated during Respect for the Elders Day, a national holiday held every third Monday of September (Karasawa, 2011). The elderly also celebrate certain birthdays in Japan, most notably their 60th, which signifies "rebirth." And, regardless of relationship, the elderly are addressed via age-specific terminology, or honorifics, such as following one's name with "-san" as a sign of respect.

### Geriatric Education and Training in Japan

Geriatric medicine is a medical specialty that deals with the diagnosis, treatment, and prevention of illnesses affecting the elderly. Gerontology, on the other hand, is the study of aging, a much more holistic field of study, also consisting of the social, cultural, and psychological aspects of aging. There is a great deal of complexity to geriatric medicine as frailty, which is linked with age, increases the vulnerability of an elder to both disease and treatment but still varies from person to person (Kotsani, 2021). Because of the complexity of geriatric care, greater incidence of multimorbidity in the elderly, and increased functional and cognitive decline associated with age, standard pathology-based inpatient medical care is not as effective as a more community-based approach (Kotsani, 2021). Thus, an integrated system of care which is personalized to the patient and focuses on prevention is required to improve outcomes for elderly people.

In terms of education, becoming a physician is much different in Japan than in the United States (Kozu, 2006). In Japan, already after graduating high school, is a student eligible to matriculate into one of 80 Japanese medical schools, a six-year undergraduate program comprising both didactic and clinical portions. After passing the National Medical Examination which plays a similar role to the three-step United States Medical Licensing Exam (USMLE), students are granted a National License for Physicians and are eligible to matriculate in a compulsory two-year rotating residency known as initial postgraduate clinical training (Kozu, 2006). Before graduating, students must pass their medical school's respective graduation examination to receive their MD degree. Following residency, young doctors can either enter the workforce as general physicians or receive four to six years of additional training at a senior residency program to specialize. The nursing pathway in Japan, however, is very similar to that in the

United States (Primomo, 2000). After completion of a three to four-year nursing program, a graduate nurse may enter the workforce, enroll in a six-month certification program to become a Certified Nurse (CN) or enroll in a master's program to become a Certified Nurse Specialist (CNS), synonymous with nurse practitioners in the United States.

During the compulsory initial postgraduate clinical training, residents complete clinical rotations in many required specialties related to primary care and general medicine, similar to the latter two years of American medical schools. Unfortunately, in both Japan and the United States, the setting of most clinical rotations is mostly limited to inpatient care, usually in urban teaching hospitals (Kozu, 2006). The significance of Japan, however, is that the clinical programs offered to undergraduate students in medical school include outpatient settings such as nursing and hospice homes, community-based clinics, and the patient's own home. Through different environments can students be exposed to the unabridged whole of the field of healthcare. Students can better understand the lifestyles of the elderly in outpatient settings, as much of the patient's time in hospitals is spent undergoing treatment and recuperating, strengthening the student's ability to see the elderly simply as people with their own lives rather than just patients. Because the former years of Japanese medical school are mostly instructional, the clinical programs mentioned below are aimed mainly at early medical students to supplement their learning, especially since residency programs are already purely experiential. Not to mention, by affording younger students opportunities to interact, treat, and learn from older patients can these programs increase the overall interest in geriatrics, in turn increasing the number of graduating geriatric providers to keep pace with the rapidly aging population.

### Experiential Learning

Experiential learning is the process that describes how we can acquire and embed new knowledge from experience and subsequent reflection. The modern idea of experiential learning was theorized by David Kolb in 1984 who developed a cyclic model of experiential learning comprising four interconnected concepts: concrete experience, reflective observation, abstract conceptualization, and active experimentation (Healy, 2000). Concrete experience is where a novel experience through engagement and involvement brings about new information to stimulate learning. This can include anything that is out-of-the-classroom like clinical employment as a medical assistant or hands-on like a cadaver lab. During reflective observation, students reflect upon their experiences and identify, for example, areas for improvement, what emotions an experience invokes, and so on. Through abstract conceptualization, these reflections are then organized to bring about new ideas that reinforce or break down pre-existing schemas made from past

experiences. These modifications to a student's cognition can then be applied through active experimentation, restarting the cycle as these new experiences give rise to new information and emotions—more substance to be reflected upon. Over time, the student begins to form a professional identity as a result of their reflections and interpretations of their healthcare experiences (Yoshimura, 2020). Most importantly, Kolb's learning cycle is highly personalized with the "choice of new experiences" during active experimentation heavily dependent on the personal reflections and interpretations of the initial experience (Healy, 2000). In other words, students may seek certain experiences over others based on conclusions made from past experiences. This, in turn, produces a diverse group of healthcare professionals each with individual values, motivations, and perspectives who may think, act, or feel differently. The programs offered to Japanese medical and nursing students described below utilize the concept of experiential learning to foster the development of skills and perspectives required for geriatric medicine.

Many programs offered to early medical students at Japanese medical schools are home visits where students observe patient care in its most comforting form. One particular study researched a two- to four-week home visit program managed by the Ibi Community Medical Center in central Japan during 2014–2015 (Yoshimura, 2020). On their routine visits, attending physicians are supported by medical students to care for terminally ill elderly patients. The significance of home visits is that they contrast more conventional clinical settings, such as hospitals. Additionally, this specific program was an alone overnight stay as the attending physicians left before the night leaving the student on their own, whereby students collaborate with each other and preceptors during the waking hours in conventional clinical rotations. Of the concrete experience stage, students had the opportunity to interact with attending physicians, other healthcare professionals, and patients and family members as well as provide patient support by monitoring vital signs and assisting with activities of daily living (ADLs) (Yoshimura, 2020). Of the reflective observation stage, students qualitatively reported that home visits granted them with new perspectives from observation of a patient's lifestyle, autonomy, mental state, and interaction with family members. For example, a better understanding of how functional impairment from disease and age manifests, gives more insight into a patient's involvement in their own care, for instance the ease or difficulty in which a patient of a certain condition and age brushes their own teeth. During abstract conceptualization, students can then assimilate these new perspectives into their own professional identity, molding their perceptions of the roles and responsibilities of a healthcare provider, reconceptualizing themselves as healers rather than curers. Through active experimentation, students can apply what they have learned as a holistic provider—a healer—who is more inclined to consider other aspects of a patient before determining a

method of patient care and who is much more sensitive to the will of the patient and apprehension of the family.

Similar home visit programs are also offered by nursing programs in Japan. In one study, a compulsory home visit program developed by Oita University of Nursing and Health Sciences provided nursing students with the opportunity to learn how the elderly live and what supports their independent living (Iwasaki, 2019). As concrete experience, 300 plus students during 2016–2017 routinely visited the homes of the elderly in the local community in this study. By reflective observation, students qualitatively reported how pleasurable living at home was for elderly patients compared to inpatient care. Students also noted that home-dwelling elderly were not completely weak or helpless and that their strengths should be respected to ensure their current standard of living. Through abstract conceptualization, this insight reinforced the need for physicians and other healthcare providers to support patient autonomy, dignity, and comfortability in addition to the patient's health. Students were then able to better understand how concepts such as the role of the community and "daily life pleasures" from the familiarity of a patient's living environment, closeness to family, and communal support system can support wellness. A deeper understanding of experience is crucial for transformation, creating greater significance for that experience (Healy, 2000). Through continual experience in the homes of the elderly can students better grasp the lifestyles of home-dwelling elderly through active experimentation, further shifting student preconceptions of elderly life outside of the hospital. Such notions are even more important especially as Japan gradually gravitates toward home care over long-term care facilities to alleviate the effects of a growing elderly population (Hatano, 2017). For instance, understanding how the daily living of community-dwelling elderly is crucial when evaluating if a hospitalized patient can safely be transferred to care in their own home.

Other home visit programs are more hands-on rather than simply observing the lifestyle of a home-dwelling patient. In the study of one program in Okinawa from 2016 to 2017, medical students and residents accompanied attending physicians on routine visits to patients with a life expectancy of less than a month due to advanced cancer (Nagano, 2019). Before the experience, students and residents were thoroughly briefed on the patient's condition, further supporting the experiential learning model which is most effective when students are given room to prepare for the experience (Healy, 2000). Concrete experience involved assisting with the patient evaluations and taking part in communicating the condition of the patient to the family during conferences. As reflective observation, many noted the importance of patient-centered care and how the comfortability of a patient's home supports such care. Through abstract conceptualization, this notion could be contrasted to the student's experiences in inpatient settings, how the "unusual" hectic bustling of hospitals compared to the peacefulness of the patient's home as death approaches. Also, a more

holistic outlook was conceptualized as students and residents identified that medical intervention was only one part of a patient's life in addition to their relationship with society, community, spirituality, and so on. Such concepts were put into action through active experimentation as it was reported that following the program, the studied students and residents put more effort into learning a patient's background, respecting their end-of-life feelings and wishes, and communicating with family members. This study is yet another example of how experiential programs can bring about changes in professional identity, producing more holistic providers.

In acknowledgment that community-based care is required to provide comprehensive support for elderly patients, most medical schools (77 out of 80) have incorporated some sort of community-based education into their curriculum (Tanaka, 2019). In one study, junior residents involved in a community-based clinical rotation in Tokyo from 2014 to 2016 provided qualitative data on their experiences. While these residents had prior clinical experience within an inpatient setting, many reported difficulty in making policy decisions in an outpatient setting, reinforcing the need for different settings of clinical training to familiarize students with certain procedures. Residents also reflected upon certain chronic patient conditions they had not much experience with within acute hospitals such as dementia. Conditions that greatly affect cognition forcibly expand to involve the immediate family with which residents must closely communicate to confirm prescriptions and gain important patient information (Tanaka, 2019). These novel experiences, being patient demographics and diseases the students never encountered before, modified their representations of the healthcare field, causing them to reconceptualize conclusions made from past experiences, prompting learning.

All of the programs have some sort of facet of experiential learning theory, as reflection following experience prompts a change in the student through reconceptualization. As a student continues to seek out relevant experience during active experimentation and continues to reflect, they will continue to reinforce or contradict preconceptions made from past experiences. It can be assumed that when the student mostly reinforces their preconceptions over a number of experiences, have they achieved some sort of professional identity. However, the learning cycle is lifelong, it is never-ending, and so even those with well-established professional identities can still undergo modifications to their conceptions given a certain experience (Healy, 2000). The main idea of experiential learning is that experience followed by reflection and interpretation is the basis of effective learning.

### Home Care in Japan

The skills and perspectives gained from geriatric-oriented experiential learning programs in Japan provide students with

a strong foundation for a career in home care. To combat the effects of Japan's aging demographic such as a greater number of people requiring limited long-term care and greater social security expenditures, the national government proposed adopting the community-based integrated care system in 2012 (Hatano, 2017). This system pools in community resources from hospitals, other inpatient facilities, welfare facilities, home-visit care services, and community members such as family and volunteers. The elderly are encouraged to remain at home in the care of family, caregivers, and medical and welfare professionals via routine visits. Thus, healthcare facilities can free up space and reduce healthcare expenditures while at the same time, supporting patient-centered care regardless of the patient's location. The basis of this system emulates the success of a similar system implemented in Mitsugi, Hiroshima, in 1974. There, a care center was built to coordinate medical, prevention, and welfare services acting as a liaison between the different services to provide seamless care in the elderly's home. The outcomes of this system in Mitsugi include a reduction in the number of bedridden people, a slowdown in rising medical costs for the elderly, and a greater number of people receiving routine checkups all mainly due to greater collaboration between care providers (Hatano, 2017). Since then, multiple care centers have been established all over the country with the national government intending that the system will be in place nationwide by 2025. Through the Long-term Care Insurance (LTCI) system launched in 2000, all persons over the age of 65 are entitled to these home, community-based, and institutional benefits of said system. In Japan, it is not the quality of medical education that is lacking, but rather the need for more geriatric care providers to sustain the community-based integrated care system.

### Home Care in the United States

While home care already exists in the United States, a similar system could be put in place to lessen the dependence on nursing homes and hospice facilities for long-term care, requiring the multidisciplinary collaboration of physicians, nurses, caregivers, case managers, social workers, and other healthcare specialists like dietitians and therapists. Communication with family members could allow for an efficient caregiver schedule to come in and provide assistance with ADLs. The system would manage prevention measures such as physical checkups and vaccinations and treatment measures such as surgery and therapies. Transfers from home to hospitals, long-term care facilities, or rehabilitation facilities and back home could also be facilitated by the system. To make the gradual shift, the cost of these services should be less costly than that of nursing homes and hospice facilities to incentivize the switch. Additionally, a majority of the elderly already prefer to remain in their homes for as long as possible, a wish that Japan culturally intends to

honor (Kotsani, 2021). In any case, the implementation of this system in the United States would be to increase the prevalence of effective community-based home health care and not totally eradicate long-term care facilities. I hope that the United States can too follow the footsteps of Japan as they pave the way for countries with exceptionally long average life expectancies.

## References

- D'Ambrogio, E. (2020, December 15). *Japan's ageing population*. European Parliament Think Tank. [https://www.europarl.europa.eu/thinktank/en/document/EPRS\\_BRI\(2020\)659419](https://www.europarl.europa.eu/thinktank/en/document/EPRS_BRI(2020)659419)
- Hatano, Y., Matsumoto, M., Okita, M., Inoue, K., Takeuchi, K., Tsutsui, T., Nishimura, S., & Hayashi, T. (2017). The vanguard of community-based integrated care in Japan: The effect of a rural town on national policy. *International Journal of Integrated Care*, 17(2), 1–9. <https://doi.org/10.5334/ijic.2451>
- Healey, M., & Jenkins, A. (2000). Kolb's experiential learning theory and its application in geography in higher education. *Journal of Geography*, 99(5), 185–195. <https://doi.org/10.1080/00221340008978967>
- Iwasaki, R., Hirai, K., Kageyama, T., Satoh, T., Fukuda, H., Kai, H., Makino, K., Magilvy, K., & Murashima, S. (2019). Supporting elder persons in rural Japanese communities through preventive home visits by nursing students: A qualitative descriptive analysis of students' reports. *Public Health Nursing*, 36(4), 557–563. <https://doi.org/10.1111/phn.12596>
- Karasawa, M., Curhan, K. B., Markus, H. R., Kitayama, S. S., Love, G. D., Radler, B. T., & Ryff, C. D. (2011). Cultural Perspectives on Aging and well-being: A comparison of Japan and the United States. *The International Journal of Aging and Human Development*, 73(1), 73–98. <https://doi.org/10.2190/ag.73.1.d>
- Kotsani, M., Kravvariti, E., Avgerinou, C., Panagiotakis, S., Bograkou Tzanetakou, K., Antoniadou, E., Karamanof, G., Karampeazis, A., Koutsouri, A., Panagiotopoulou, K., Soulis, G., Stolakis, K., Georgiopoulos, I., & Benetos, A. (2021). The relevance and added value of Geriatric Medicine (GM): Introducing GM to non-geriatricians. *Journal of Clinical Medicine*, 10(14), 3018. <https://doi.org/10.3390/jcm10143018>
- Kozu, T. (2006). Medical education in Japan. *Academic Medicine*, 81(12), 1069–1075. <https://doi.org/10.1097/01.acm.0000246682.45610.dd>
- Nagano, H., Obara, H., & Takayama, Y. (2019). A brief home-based palliative care learning experience for medical students and resident doctors in Okinawa, Japan. *PLOS ONE*, 14(6). <https://doi.org/10.1371/journal.pone.0218780>
- Primomo, J. (2000). Nursing around the world: Japan—Preparing for the century of the elderly. *Online Journal of Issues in Nursing*. 5(2). <https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume52000/No2May00/JapanElderlyCentury.html>
- Roser, M., Ortiz-Ospina, E., & Ritchie, H. (2013, May 23). *Life expectancy*. Our World in Data. <https://ourworldindata.org/life-expectancy>
- Tanaka, K., & Son, D. (2019). Experiential learning for junior residents as a part of community-based medical education in Japan. *Education for Primary Care*, 30(5), 282–288. <https://doi.org/10.1080/14739879.2019.1625288>
- Yoshimura, M., Saiki, T., Imafuku, R., Fujisaki, K., & Suzuki, Y. (2020). Experiential learning of overnight home care by medical trainees for professional development: An exploratory study. *International Journal of Medical Education*, 11, 146–154. <https://doi.org/10.5116/ijme.5f01.c78f>