The medical education system in Taiwan takes seven years of training, which includes two years of premedical studies, two years of basic medicine, two years of clinical medicine, and one year of rotation internship. There are 11 medical schools in Taiwan, and most of their curricula are quite similar. In early 1990, the new pathway of medical education was introduced in Taiwan. In 1993, the School of Medicine, National Taiwan University, became the first medical school in Taiwan to adopt the problem-based learning (PBL) curriculum; by 2002, the other 10 medical schools had followed suit. Most of them use the hybrid PBL program, while only one medical school uses the pure, integrated PBL curriculum. The new pathway of the hybrid PBL program, starting from clerkship to basic medicine, has many advantages and few difficulties. In addition to the new PBL curriculum, other medical education reforms in Taiwan include the addition of more humanities courses during the premed period, and the use of objective structured clinical examinations (OSCEs) after improvement of clinical skills training. These reforms have been successful. The new pathway of medical education in each medical school is not exactly the same, but their goals are similar.

The new pathway of medical education was established in early 1990. Problem-based learning (PBL) was introduced into graduate and undergraduate courses with the aim of improving learning processes and overcoming the limitations of traditional lecture-based education. The first medical school to use the new integrated PBL curriculum was McMaster University in Canada in 1969. Since then, it has been used in some Western and Asian medical schools for 30 years.
After World War II, the medical education system in Taiwan did not change much for half a century. However, in 1993, the new pathway of medical education reforms was considered in Taiwan. The School of Medicine, National Taiwan University, was the first medical school to adopt the PBL curriculum. By 2002, all of the 11 medical schools in Taiwan were using the PBL curriculum in combination with various other programs in their new pathway of the medical education system. Most schools use the hybrid PBL program, whereas only one uses the pure, integrated PBL curriculum.

In addition to the new PBL curriculum, other changes to medical education in Taiwan include the addition of more humanities courses in the premed period, and the use of OSCEs and clinical skill training centers.

The New Hybrid PBL Curriculum

The PBL curriculum was first introduced into medical schools in Taiwan in 1993. Today, most medical schools use PBL in one of the clerkship courses, and have also reorganized the traditional basic and clinical medical courses around it. PBL workshops for tutor training, curriculum design, and feedback and assessment frequently take place in many medical schools. In recent years, the integrated PBL curriculum has been tried in some medical schools such as Fu-Jen University, Yang-Ming University, and Chinese Medical University. On the whole, though, most medical schools use the hybrid PBL program, with PBL case discussions in their clerkship course. The classical basic medical courses are maintained as before, except that the courses have been shortened.

In 1999, the School of Medicine, Chang Gung University, began using the new hybrid PBL curriculum for their new pathway of medical education. After 1999, the hybrid PBL curriculum was adopted in the clerkship course. PBL tutorials were scheduled in the afternoon for each week of the course; while patient-care teaching, bedside teaching, clinical skills teaching, outpatients department (OPD) teaching, and short lectures were scheduled at other times. Most departments used their own case teaching files designed by staff members, and the feedback from medical students was positive.

In 2002, after tasting the experience and success of the new pathway of medical education in clerkship for two years, the new PBL curriculum was adopted in basic medical education as well. Each basic medical course included two to three PBL cases in a 3-month semester. Staff members in clinical-related departments helped faculties in basic medicine to design case materials and shared their requirements for tutors. Nowadays, the programs for basic medical courses are running smoothly. Moreover, integrated system-based PBL courses for fourth-year medical students were introduced in the spring semester of 2004 [5].

Integrated PBL Courses

In the spring of 2004, the integrated PBL curriculum was designed in Chang Gung University. According to this new curriculum, there are 10 system blocks in one semester: cardiovascular, respiratory, digestive, neuromuscular,
nephrological, hematological, growth and developmental, endocrine, reproductive, and infectious blocks. Each block provides two PBL cases every fortnight, with each case file being prepared by both clinical and basic medical faculties. We believe the advantages of integrated PBL courses are more significant after the students have finished their basic medical courses.

Improvement of the Medical Humanities Curriculum

The humanities curriculum in most medical schools was not well organized in the premed period until 10 years ago, when the schools started to reorganize and improve the medical humanities curriculum. This reorganization included reserving the first two years for liberal arts and general sciences, prolonging humanities and ethics courses after the third year, making more electives available, encouraging community services, improving students’ communication skills, and promoting early exposure to patients.

Use of Objective Structured Clinical Examinations (OSCEs)

After 2000, OSCEs were introduced widely and used in most medical schools. The medical schools partnered with their teaching hospitals to set up clinical skill training centers and OSCE systems for their clerkship programs. OSCEs will be considered as part of the national board license examination in the near future.

Conclusion

The new pathway of the hybrid PBL program, starting from clerkship to basic medicine, has many advantages and few difficulties. Besides this new PBL curriculum, other changes to the medical education system in Taiwan include the addition of more humanities courses in the premed period and the use of OSCEs. These medical education reforms in Taiwan have been successful. The new pathway of medical education in each medical school is not exactly the same, but their goals are similar. All the medical schools share their experiences and hold discussions frequently. The best new system of medical education for students in Taiwan remains to be determined in the future.