

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Before the study began, all of the related literatures were reviewed to form the theoretical framework of the study and to collect all related data for understanding in this topic much more.

Student Affairs Division in other military and police schools have role as well as Student Affairs Division: Phramongkutklao College of Medicine because these schools have aims to train students for knowledge, discipline and leadership after they complete curriculums. Students assessment will be done in each an academic year by using rating scale and assessing form. Scores will be recorded in data base of each student for ordering in summative assessment in the final academic year, for instances: the first, Chulachomklao Royal Military Academy has a unit as well as the Student Affairs Division is Cadet Regiment King's Guard which has mission; commands and controls, trains discipline, teaches psychology and military leadership, trains physical education, teaches basic military subjects[2] ; the second, Royal Thai Naval Academy has a unit as well as the Student Affairs Division is Navy Regiment King's Guard which has mission; commands and controls, trains discipline, teaches psychology and military leadership, supports musical activities[3]; the third, Royal Thai Air Force Cadet Academy has a unit as well as the Student Affairs Division is Air Force Regiment King's Guard which has mission; commands and controls, trains discipline, teaches psychology and military leadership[4]; the fourth, Royal Police Cadet Academy has a unit as well as the Student Affairs Division is Police Regiment which has mission; commands and supervises, manages activity of students, educates and trains special courses, trains government service, trains fighting- self defense and physical education, cooperates with or supports involved units[5] . These four Student Affairs Units of the military and police schools have role in assessment about discipline and ethics of students as well as Student Affairs Division: Phramongkutklao College of Medicine [2, 3, 4, 5].

Role of Student Affairs Unit in other universities for instances; the first, King Chulalongkorn university has the Student Affairs Unit, which mission is to control discipline, promote and support academic activities and welfare, promote and support students, support art and culture[6,20]; the second, Ramkhamhaeng university has

Student Affairs Division, which mission is to promote activities, develop students, support students[7] and these universities assess discipline of students by using Regulation or Rules of each institute. Similar to, Phramongkutklo College of Medicine which uses Army Regulation part of Phramongkutklo College of Medicine in 2004; Class 7; Scores of conduct and punishment; Order 20.2.1 describes that if scores of any army medical students are deducted in conduct more than 120 scores in an academic year though they pass summative assessment but they will fail in final assessment and repeat including, if not pass to summative assessment in that academic year, They must suggest to Phramongkutklo College of Medicine Council for withdrawing register of these army medical students ; order 20.2.2 describe that scores of any army medical students are deducted in conduct more than 200 scores in an academic year, They must be suggested to Phramongkutklo College of Medicine Council for withdrawing register of these army medical students.; order 20.2.3 describe that scores of conduct effect on receiving any right depend on reference of Army Medical Department[8]. Regulation of Phramongkutklo College of Medicine in 1978 ; Deficiency of score cutting of conduct and punishment ; Order 7.1 describe that scores of any army medical students are deducted in an academic year since 20 scores, must invite guardian to meet chief of division, Student Affairs Division: Phramongkutklo College of Medicine to notify ; Order 7.2 describe that scores of any army medical students are deducted in an academic year since 40 scores, must invite guardian to meet chief of division, Student Affairs Division: Phramongkutklo College of Medicine to notify another time [9].

In summary, Scores in conduct or discipline of students will be operate by Student Affairs Division: Phramongkutklo College of Medicine and they will be recorded in data base of students for assessing in each an academic year and these scores will effect to students in selection the places for working after they complete medical curriculum [17].

“Student assessment has 7 subprinciples [16]:

1. Assessment designed to be an integral and active part of each learning experience.
2. Student learning is evidenced by what the student knows and can do through demonstrations of knowledge and skill.

3. The assessment criteria, methods, techniques or strategies are developed by faculty and other academic professionals on the basis of how effectively they might determine the extent to which the specific learning outcomes are achieved.
4. Assessment of student learning includes policies and procedures for assessing and recognizing extra institutional learning, as well as learning that takes place through instruction provided by the institution.
5. The institution monitors its faculty grade distribution practices to ensure that student grades accurately reflect the quality of work generated.
6. On installation student assessment is an acknowledged part of the institutional accreditation process where possible.
7. Individual student assessment is an integral part of the general program evaluation plan and contributes to the accountability of the program.”

According to The American Medical Association (AMA), the following Principles adopted by the American Medical Association [18] are not laws, but standards of conduct which define the essentials of honorable behavior for the physician:

“Principles of medical ethics

1. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
2. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
3. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
4. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

5. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
6. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
7. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
8. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
9. A physician shall support access to medical care for all people.

(Adopted by the AMA's House of Delegates June 17, 2001)”

According to The General Medical Council (GMC) of United Kingdom, a good standard of practice and care [19] must be:

“Good Medical Practice

- * make the care of your patient your first concern;
- * treat every patient politely and considerately;
- * respect patients' dignity and privacy;
- * listen to patients and respect their views;
- * give patients information in a way they can understand;
- * respect the rights of patients to be fully involved in decisions about their care;
- * keep your professional knowledge and skills up to date;
- * recognise the limits of your professional competence;
- * be honest and trustworthy;
- * respect and protect confidential information;
- * make sure that your personal beliefs do not prejudice your patients' care;
- * act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practise;
- * avoid abusing your position as a doctor; and
- * work with colleagues in the ways that best serve patients' interests.

In all these matters you must never discriminate unfairly against your patients or colleagues. And you must always be prepared to justify your actions to them.”

For in boarding military schools by overview and summary, for instances [23]: Two main types of military medical educational systems were identified among the countries reviewed. One was the School of Application or Instruction and the other was the School of Formation, or Military Medical Academies. In the 21st century, the most common system of military medical education is through the Schools of Application. Although actively enrolled in the military, students receive their medical education in civilian medical schools. They obtain basic military instruction before and after medical school, but their civilian medical curriculum does not include topics relevant to the military. These topics are covered by the School of Application in special postgraduate courses. Examples of countries with these schools are France, Germany, Italy, and Poland. On the other hand, the Schools of Formation are traditional military medical academies. Good examples can be found in Mexico, Russia, Japan, Thailand, and the United States. In this system, all medical education and military training are provided by the academy, and the medical curriculum includes specific military education, with subjects such as hygiene, tropical medicine, tactics, logistics, and warfare. In some countries, such as Mexico, Russia, Japan, and Thailand, the students are required to live in the academy quarters.

Schools of Application

Austria. Austria was the first European country to establish a formal military medical education. In 1785, the Medical-Surgical Military Academy was founded in Vienna at the initiative of Emperor Joseph II. In his honor, the Academy was named Das Josephinum. The education of military and Joseph II tried to improve care of his troops. He was ahead of his time in his efforts not only to give the prospective surgeons proper training, but also to expand their knowledge and make them well-rounded physicians by placing emphasis on medical and surgical education. Physicians was now equivalent to the 5-year civilian university medical education, graduating its students as doctors of medicine and surgery.

Germany. In the 18th century, Germany was a land divided into numerous independent medical schools. In 1795, Surgeon General Goerke founded the first military medical school, Medizinisch-Chirurgisches Friedrich-Wilhelms-Institute. In 1811, a second military medical school, the Medizinisch-Chirurgische Akademie für das Militär, was established. Both schools were located in the capital, Berlin, and had the same structure, differing only in the allowance for the students. Both medical schools were merged into the Kaiser-Wilhelms-Akademie in 1895. The goal of the military medical academies was to carefully select and train their own physicians not only in medicine, but also in specific military aspects of medicine. This method of education enhanced their physical development, discipline, and knowledge of practical military affairs.

France. With the revolution of 1789, all medical education and organization was abolished in an ill-thought. In 1796, the Convent of Val-de-Grâce near Paris was turned into a military teaching hospital, marking a new stage in military medical education in France. Students at military medical schools attend civilian schools, but board and lodging are provided by their military institutions.

Spain. In Spain, government leaders were concerned about health of the soldiers and care of the injured in combat. In 1760, when King Carlos III dictated a Royal decree creating the Royal College of Surgery of Barcelona, where future army surgeons were educated. In 1787, the Royal College of Surgery of San Carlos The most commonly used method was to enroll students of medicine sponsored by any of the branches of the armed forces, and in the last years of their medical education, offer them training in war medicine, tropical medicine, emergency surgery, military health, legal medicine, and other military medical subjects. This is the basic mechanism of education of the military physician provided by the Military Medical School of Instruction.

Italy. This resulted in the creation of Schools of Application for the army and navy in the 19th century, and for the air force in the 20th century. Students attended civilian medical universities, but received their specific military medical training at the Schools of Application. The purpose of these schools was not to duplicate the medical

education that the students received at the civilian universities, but to make them apply their medical knowledge to the military service in peace time and in war. In 2000, Italy became one of the last European countries to allow women to join the military health services.

Schools of Formation

Russia. In 1707, Peter the Great created the first Russian Military medical organization, the Moscow Military Hospital. The Academy was under civilian guidance for the first 40 years, but since 1838, it has been under the command of the Military Ministry. At present, undergraduate military medical education in Russia is taught at the Military Medical Academy in St Petersburg or in the military faculties of one of three civilian medical colleges in Samara, Saratov, and Tomsk. Undergraduate training takes 7 years, Pediatric and gynecology/obstetric courses are omitted and substituted with military specialty courses.

Mexico. The first roots of a formal military medical education in Mexico were in 1768. The country's leader, Carlos III, organized an army to defend his territory against an invasion by the English. He saw the need for the Royal College of Surgeons was founded within the Hospital Real de Indiosy Naturales and began as a teaching institution. Until 1881, when Dr.Francisco Montes de Oca founded the Escuela Practica Medico Militar that was a School of Application, which followed Students are carefully selected for their qualifications not only as excellent scholars, but also as dedicated soldiers.

Thailand. The first Royal Thai Army Medical Officer School was established in 1939 by Major General Prasulayavejvisit. On May 23, 1940, the first 124 students began their education at Anandhamahidol Army Hospital. At that time, the students graduated after 4years and then entered a 4-year residency at the Royal Thai Phramongkutklao Army Hospital. In 1948, the school was renamed the Medical Field Service School where education was provided to assure sufficient medical support in peace and in war times. His Majesty the King Rama IX established the Phramongkutklao College of Medicine in 1981. This army medical school operates under the direct supervision of the Royal Thai Army Medical Department. In addition

to a general medical curriculum, students receive education in military medical subjects such as combat medical skills, military preventive medicine, and nuclear, biologic, and chemical warfare. Emphasis is also placed on development of moral and ethic for military medical officers.

Japan. In November 1973, the National Defense Medical College was established as part of the Defense Agency. In April 1974, the first group of students started their medical education in temporary college buildings at Iruma Air Force Base. In August 1975, The goal of the College is to produce versatile clinicians with excellent personalities and intelligence as a basis for their membership in the Japan Self-Defense Forces Medical Corps. The students live in to educate excellent physicians and soldiers, the curriculum is rigid and disciplined, and embedded in very traditional views of ethics.

Schools of Application and Formation United States of America.

The first account of a formal military medical education in the United States was found during times of war, the Civil War of 1861–1865 by the surgeon general of the army, Alexander the first army medical school was founded, in 1893 in Washington, DC, by Surgeon General George Miller Sternberg. Both educational systems in U.S.A., the first system is the School of Application represented by the Health Professional Scholarship Program. In this system, selected students attend a civilian medical school of their choice sponsored by the armed forces. Their tuition are covered by their sponsoring military service. In return, they must serve the military for 4 years after residency and fellowship. The second system is a School of Formation represented by the F Hébert School of Medicine of the Uniformed Services University of the Health Sciences(USUHS) where students receive a complete medical and military education. The Uniformed Services University of the Health Sciences(USUHS) was founded in Bethesda, MD, in 1972. USUHS students have a more complete military training than their civilian counterparts, so they perform better in the battlefield.

In summary, this historical overview of the development of military medical education in countries around the world reveals the importance that a comprehensive military education has on the performance of military physicians.

Summary

In chapter II, an overview of related articles and documents about role of the Student Affairs Division: Phramongkutklao College of Medicine and in others academic units of military, police and some universities have been reviewed and presented. Historical overview of military medical education around the world have been presented too.