Trip report on inpatient teaching at the department of general internal medicine, second affiliated hospital Zhejiang University College of Medicine, Hangzhou, China

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Background:

Drs. Li Li and MJ Morikawa from department of family medicine & community health, Case Western Reserve University visited 2nd affiliated hospital Zhejiang University College of medicine, Hangzhou, China in April 2014. The purpose of the visit was to strengthen bedside education for residents and faculty members of general internal medicine of the hospital and to explore further academic collaboration between the two institutions. Both physicians spent 5 days on the floor, discussing various cases on teaching rounds, gave short lectures at the conference room and conducted CME seminar on primary care for one day.

We were invited back to the hospital again to continue to provide practical and intensive bedside training for the same group. We worked from 3/23 (Mon) to 3/27 (Fri) and took a return flight on the 28th. Detailed activity list is included in the appendix 1.

Family medicine in China has been evolved as a new specialty in the past decade and the government provides strong support for its development to establish solid healthcare pyramid structure based on strong primary care at the primary level in health centers and clinics.

The contents and curriculum of the family medicine training are left up to each teaching institution and there are no standardized curriculum accepted as standards in the country. The practice of family medicine differs significantly in each institution. For example, at 2nd affiliated teaching hospital, family medicine is implemented as general internal medicine focusing on adult medical care both in inpatient and outpatient at the tertiary care medical center, while at the 3rd teaching hospital (Run Run Shaw Hospital), family medicine focuses on primary care and prevention at community health centers in ambulatory care setting.

Findings/assessment:

On the floor:

- Patients' privacy is not as protected or respected as in the US.
- It seems fairly disorganized in daily practice routines such as hospital rounds.
- Medical education and training seem to stress heavily on theories and knowledge, rather than practice or skills.
- Many of them are not fluent in English, medical terms are all in Chinese.
- Besides, since all education in medicine and textbooks are in Chinese, people have to relearn everything in English in any jargons or special terms.

Medical care in general:

- Long hospital stay and subsequent nosocomial infections are common.
- Unclear indications for some procedures, e.g. ablation for syncope
- No concern for cost or appropriateness of the test. Overuse of diagnostic test is rampant and accepted among providers. Some of the examples encountered during our round include diagnosing gout based on CT scan, CAP diagnosed based on high resolution CT scan.
- The risk of radiation exposure or risk of procedures for asymptomatic patients is rarely considered as harm.
- Family medicine doesn't include OB or inpatient pediatrics.
- Post-graduate medical education is heavily skewed towards knowledge-based instructions and lack of practicality in particular, dealing with emergencies or deal with pain.
- It seems like it's completely new to be exposed Western style teaching with practicality and goal-oriented teaching/learning.
- They sited a survey last year that majority of physicians in China are not satisfied with their jobs.
- Professional trajectory and career options are unclear and very limited other than stepping up the ladder in the current employment. Lack of mobility in the job hinders drastic change or emerging new ideas to be tested. People tend to stay in status quo rather than bringing entrepreneurial ideas.
- It seems like physicians accept and follow changes brought from their superiors, for instance the communist party rather than brining changes from below or from the bedside.

Run Run Shaw hospital family medicine

- Unlike #2 hospital, #3 hospital has well established community oriented family medicine program for more than 10 years. Residents were more coherent; understand their role for family medicine and importance of teaching.

Medical training

- Various length of training emphasizing on degree rather than practical skills
- Lack of training dealing with emergencies and prioritization of tasks
- Due to life-long employment system, people lacks the sense of professionalism and it seems like physician is another form of bureaucrat. That means when people are pointed out for improvement, they tend not to take it personal and immediate feedback, rather they tend to blame the system they are in before they try to improve their own cause.
- Junior attending and residents are dying to have practical training from outside. Their usual bedside training is hierarchical and missing practicality.

Recommendations:

1. Goal oriented, practical, case based discussions would be the best way to provide concrete ideas of how to do it.

2. Define the goal of this collaboration

   Is this for providing up-to-date knowledge in topics in general medicine or help building structures of training in general medicine? These are two separate issues to develop solid teaching programs. If knowledge is the goal, we should organize CME type intensive seminar in short period of time. If structure is the goal, we have to define our target personnel to work with and coach them on regular basis not only for their knowledge base, but also their problem-solving skills, their scholarly goals and objectives.
   Ask our counterpart what's their goal of the collaboration, what they would like to achieve? By when? What would be to outcome? How we measure our progress?

3. Work on the time frame and evaluation method for the impact of this collaboration

   How we define the impact of this collaboration, subjective sense of the usefulness of the topics? Or how we define their progress as the primary care department. We have to discuss the set of goals with them.

4. Integrate medical knowledge and faculty development into a one workshop

   Intensive workshop or boot camp focusing on using inpatient handbook might provide a good opportunity to integrate these two separate issues in teaching.

5. #3 hospital will provide better environment for continuing family medicine faculty development since their function and role is closer to what we do in the US: community oriented primary care. #2 hospital seems like a general internal medicine and hospital based medicine.

6. Develop goal oriented faculty development workshop based on their needs. Since this is annual intervention with no close follow-up, it would be better to start with their perceived dire needs rather than implement pre-determined curriculum from outside.

Appendix 1

3/22 (Sun)

United airline fight arrived Shanghai international airport around 2pm.
One of the medical students did rotation in Cleveland last summer; Sarah picked us up at the airport. We took 3-hour drive to Hangzhou. We checked in Sunny hotel around 5pm. The hotel is a block away from the hospital.

Dinner with Sarah, Drs. Song, Mao, Jin, and woo at the hotel

3/23 (Mon)

Dr. Mao picked us up at the hotel at 9:50.
10:00 started inpatient round, attended another patient at the ED., a GI bleeder.
Nosocomial infection, liver disease due to hemochromatosis, and gout patient made diagnosis by CT scan. Talked about FUO and LC.

Lunch at the hospital, 2 hours break and came back for case conference on hemochromatosis. We discussed for LC.

Dr Li Li arrived from Cleveland in the evening. We had dinner at the hotel.

3/24(Tue)

9am on the floor, reviewed CT scans. The lecture on VTE for residents in family medicine. Alex did dyspnea case-based study.

Lunch at VIP lounge at the hospital and came back hotel

Journal club on hypokalemia at 3:30pm

Went to dinner along with residents along the West Lake

3/25 (Wed)

Teaching round at 10 am, rounded 2 cases, BPPV patient and pancreatic mass patient.
Talked about dizziness, lunch at VIP lounge, went out for walk after see the tiny clinic.
Case presentation at 3:30 for CBD dilatation and amyloidosis

Japanese dinner at a mall and then canal cruise.

3/26 (Thu)

Lecture at 10 am about perioperative medicine. The Dr. Dai picked us up and went to Run Run Shaw hospital (#3 hospital) and they presented a case of chronic chest pain.
Came back for a journal club on steatohepatitis.

Came back exhausted and went to Lakeview hotel restaurant for dinner

3/27 (Fri)

At 9 am, we met with Mr. Jianjun, the president of Chinese General Practice Press and discussed how to proceed to publish my handbook in China.

10am, we visited International medicine campus at Binjian campus of the 2nd affiliated hospital and had lunch at the hospital

Visited Nan Xingquiao Health care Center and gave a lecture 'primary care in the 21st century' to general practitioners and nurses.

Buffet dinner at lake side hotel

3/28 (Sat)

Checked out and left the hotel at 11am to catch flight back to the US in late afternoon.