

Inpatient Teaching at the Department of General
Internal Medicine, The Second Affiliated Hospital
Zhejiang University (SAHZU), Hangzhou, China

March 23-29, 2016

MJ Morikawa, MD, MPH
Ann S. & Anthony J. Asher Professor
In Family Medicine & Community Health
Case Western Reserve University
Cleveland, OH USA

Overview:

This is my third trip to the 2nd Affiliated Hospital of Zhejiang University (SAHZU). The purpose of this trip was to 1) provide bedside rounds to demonstrate practical bedside teaching including POC US; 2) present a lecture, “Why We Train Family Medicine Residents at a Tertiary Care Medical Center” at the grand rounds, 3) present a lecture: “The US Residency Training” at the Annual CME Seminar for Family Medicine”, and 4) finalize a plan to publish my “Family Medicine Inpatient Handbook” as the first family medicine manual in China.

At the end of the visit, it became clear that SAHZU is the best place to implement family medicine training in Hangzhou. The reasons are: 1) the strong focus on inpatient medicine service as part of the program; and 2) the outpatient clinic including high-volume ‘health checkup’ program with more than 3,000 patients per month. We believe balanced focus on both outpatient and inpatient is essential to develop family medicine in China. The complex referral cases admitted to the inpatient service and constantly very busy inpatient and outpatient services provide ideal learning opportunities to acquire complex problem-solving, prioritization and multi-tasking skills.

The time line to publish my “Family Medicine Handbook” was discussed and agreed by Drs. Han, Li, Song, Mao and myself. Dr. Li and I also met with the President of SAHZU to confirm his support for the collaboration in the next few years in developing a practice-based research infrastructure and a curriculum for family medicine residency training in China.

Assessment/Findings:

- The Problem-based learning has not been incorporated in the residency training. Most teaching has been attending physicians’ lectures. The interactions and the productive discussions between the educators and the residents are minimal. The same goes with the CME training.
- The goals of the residency training program is not defined at all. In other words, it is not an independent goal oriented program.
- The distinction between faculty and residents are not clear. Residents are merely additional labor in the system, not physicians who they are training to be competent
- The concept of “faculty development (young physicians work with a specific focus on developing themselves to be competent physicians)” is missing. Their work is strictly defined by the “requirements for promotion and tenure” which are dictated by publication of papers, not by committing to and learning from patient care.

- As promotion is solely dependent on paper publication, it is hard for physicians to seriously value and learn clinical skills at the bedside.
- As a result of, no organized teaching program in the system, the development of clinical skills and knowledge is neither valued nor evaluated.
- There is no recognition for good bedside educators due to above-mentioned reasons.

RECOMMENDATIONS:

Family medicine at SAHZU is defined as general internal medicine in both inpatient and outpatient services. SAHZU is an ideal teaching academic hospital to develop model family medicine residency program. They have strong inpatient and outpatient clinics and large volume of patients. Whether the future of family medicine in China will incorporate OB/GYN and pediatrics is not clear yet. It will be figured out as primary care is defined by the local needs and medical care system of the community they serve.

- First of all, define the goals and objectives of family medicine residency program, which makes your hospital very unique. It is not about the coverage of topics, but the mission in training young physicians.
- Incorporate problem based learning approach as a teaching methodology.
- Develop an evaluation method for both learners and educators in the residency program.
- Create a recognition system for excellent bedside clinical teachers across the hospital. This will show the importance of clinical teaching and help motivate educators.
- The 2015 version of my “Family Medicine Inpatient Handbook” should be translated by 9/30/2016 and in print by the end of 2016. It can be used as a training tool for family medicine in China.

Appendix 1:

Topics discussed and lectures during this visit

Date	Contents
3/24 (Thu)	Ground rounds: "From textbook to patients' bedside: Family Medicine residency in the US" Floor round: GI bleeding with antiplatelet, FUO, HFrEF Lectures: HFrEF, 2Decho demonstration, FUO algorithm
3/25 (Fri)	Journal club: obesity and IR (Dr. Li Li led discussion) Case presentation and discussions: hypernatremia, FUO, pan hypopituitarism
3/26 (Sat)	Chinese-American Family Medicine CME seminar day 1 Lecture: "Bedside teaching for primary care in the 21 st century"
3/27 (Sun)	Chinese-American Family Medicine CME seminar day 2 Problem-based learning sessions: Vomiting with unknown origins and lecture on vomiting workup, hypernatremia, hypokalemia
3/28 (Mon)	Lectures: POC US, COPD, interpretation of basic chemistry panel
3/29 (Tue)	Case rounds: Fisher-Miller syndrome Lectures: CAP, Beyond knowledge: how to get better? Case presentation: Castleman Disease, HCC