

# **Strengthening Family Medicine in Hangzhou, China**

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## **Overview:**

The purpose of my fifth trip to China was to 1) provide practical bedside teaching rounds at the Dept. of General Medicine in the 2<sup>nd</sup> Affiliated Hospital of Zhejiang University (SAHZU), 2) implement Guangji GP workshop hosted by the Dept. of General Medicine where SAHZU trains GPs under the umbrella of their healthcare system, and 3) demonstrate exemplary patient care at the community center and discuss cases of hypertensive management.

## **Assessment/Findings:**

Case discussions on the floor:

- Rarely any hands-on skills workshops or case discussions have been incorporated into the residency education. This makes it harder for residents to understand family medicine in clinical contexts.
- Skills in English presentation have been improving steadily over the past five years, especially presenting all pertinent positives.
- The physicians often almost blindly rely on many tests and imaging studies to make medical diagnoses. The indications for each imaging modality, however, are not fully discussed before ordering the test.
- The majority of questions I receive at the bedside are still narrowly focused on specific medical problems in regard to interpretation of medical knowledge to patients. The focus is more on getting the results of the problem-solving process rather than examining the process of reaching conclusions.
- Junior attending physicians are evaluated exclusively by academic research papers, not by their teaching skills. Their attitude as a physician ends up being dictated by the stringent promotion system.
- Integration of biomedical and psychosocial dimensions should be encouraged in each case discussion at the floor.

Workshop:

- There were nearly 100 participants from community practice. They were seriously engaged in lectures and discussions for a few hours without coffee breaks.

- We included a small group session and a case-based discussion for the first time in the workshop. However, it seemed difficult for the participants to engage in the discussion or simply to ask questions in front of a group.
- The concept of “faculty development (young physicians work with a specific personal focus to become a competent physician)” is missing. Their work is strictly defined by the “requirements for promotion and tenure” which are judged by publication of papers, not by the commitment to provide and learn from patient care or develop their ability to help their juniors become truly competent physician so that they can function independently at their own practice.
- As their promotion depends solely on paper publications, it is hard for physicians to seriously value and learn clinical skills at the bedside.
- The development of family medicine is largely driven by government and public health administrators and policy makers, missing involvement of clinical educators particularly in two aspects: why and how we educate learners where they practice.
- The large portion of discussions in the development of family medicine is spent on “what” to teach and quantity of general practitioners in the community per population, not the quality of care and improvement in patient participation.

#### RECOMMENDATIONS:

- Continue to provide case-based training for community GPs. Conduct the workshops at the community centers not at SAHZU so that the faculty members from SHAZU truly understand what GPs are facing every day.
- GP workshops should be organized in a smaller scale but a frequent and regular basis at the community health center. It is best for participants to learn at their home environment to make sure both educators and learners are able to focus on the local context of medical problems as well as available resources.
- Incorporate problem-solving skills as an important part of medical knowledge and skills workshops.

- Encourage regular discussions among SAHZU faculty members to improve their teaching skills for community GPs.
- Create an annual recognition system for excellent bedside clinical teachers in the department for individuals who contribute to improve clinical education. This is one of the ways to remind the importance of clinical teaching and help motivate everyone in improving clinical education.

## Appendix:

### Topics discussed and lectures during this visit

Date	Contents
3/21 (Wed)	Arrive from Tokyo to Hangzhou
3/22 (Thu)	<ul style="list-style-type: none"><li>• Floor rounds at the general medicine floor</li><li>• Visited community health center to see two cases</li><li>• Discussed HTN with house staffs</li></ul>
3/23 (Fri)	Guangji GP workshop: <ul style="list-style-type: none"><li>• Live demonstration of examination of advanced liver cirrhosis patient and case discussion/question and answers</li><li>• Led case-discussions on AKI</li></ul>
3/24 (Sat)	Guanjii GP workshop <ul style="list-style-type: none"><li>• How to teach lecture and panel discussion</li><li>• Met with faculty members of family medicine educators in Hangzhou</li></ul>
3/25 (Sun)	<ul style="list-style-type: none"><li>• Discussed cases of VTE with SAHZU general medicine staffs and presentation and discussion of VTE</li><li>• Discussed with Drs. Mao and Wong for future workshop and faculty development</li></ul>
3/26 (Mon)	Travel from Hangzhou to Tokyo

