Family Medicine and Community Health
COMMENTARY

The challenge of training for family medicine across different contexts: Insights from providing training in China

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Abstract

Physicians with expertise in providing training for family medicine, at both undergraduate level and postgraduate level, are frequently invited to run training workshops in countries with developing systems of family medicine but this approach is often a challenge for the incoming external trainers. There are general challenges in working across different contexts, especially cultural factors, the different approaches to training, including the aims, methods, and assessment, and additional organizational factors, influenced by the wider sociopolitical environment of the host country. Practical responses to these challenges are discussed, with relevance to both external trainers and those responsible for requesting training. This commentary contains insights from the experiences of the authors in providing training for family medicine in China.

Keywords: Undergraduate training; postgraduate training; family medicine; family practice; China

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Background

Many countries are developing systems of family medicine, and an essential aspect is the provision of high-quality training to medical students and physicians, enabling them to competently and confidently practice high-quality health care [1]. Physicians with expertise in family medicine education and training, at both undergraduate level and postgraduate level, are frequently invited to run training workshops in countries with evolving systems of family medicine but this approach is often a challenge for the incoming external trainers. In this commentary, we will highlight some of these challenges, and how they can be resolved, by discussing our recent experience of providing training for family medicine in China. Although specifically drawing on examples from China, these insights are also applicable to other contexts. We hope our commentary will be useful to all external trainers and also to those who are responsible for inviting external trainers.

The general challenges of working across different contexts

Probably the most common problem to be found is that of communication with colleagues, especially when the language of the host country is different from that of the visiting trainer. For example, few external trainers will be fluent in Chinese, with even fewer being able to convey the terminology of medical education or clinical practice in a foreign language. Nearly all external trainers will need to rely on local interpreters, but simple interpretation of the language of medical education is not

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enough. Common medical education terminology is often absent from the Chinese language, and often one word in Chinese can cover three or four meanings. It is essential to have a translator who is fluent not only in the local language but also in medical education and clinical terminology. With China being such a vast country, there are additional issues related to a change not only in accent but also in a new dialect between provinces.

Awareness of cultural differences is essential when one is working across different contexts [2]. For example, greeting, meeting, and thanking colleagues in China is usually in a formal manner, and persons in a leadership role often present themselves very formally at large meetings but dress informally during their daily activities. Family medicine practitioners frequently wear white coats within their clinics. Arranging lunchtime meetings for whatever reason should be avoided in China because most Chinese colleagues will have a period of sleep around midday.

An important aspect to remember for both external trainers and those who are responsible for inviting external trainers is that travel tends to be exhausting for the traveler. Dealing with jet lag means that any training activity should not be scheduled soon after arrival of the traveler, and long hours of attendance at social and cultural events should be avoided until the traveler has had a good night's sleep.

The challenge of aligning training across different contexts

Biggs [3] highlighted the importance of aligning the three major dimensions of training: the aims, the methods, and the assessment. The aims direct what the training is expected to deliver, the methods are the training approaches required to achieve the intended aims of the training, and the assessment is essential to ensure that the learner has reached a satisfactory level of performance as a consequence of the training. Effective training occurs only when all of these dimensions are carefully aligned. Our experience is that factors within all of these dimensions are frequently a challenge for external trainers.

Aims

An essential aspect of designing training for family medicine is the adaptation to local need. Many health care provider organizations and medical schools in China wish to use the skills of external trainers from high-profile universities and medical schools throughout the globe. Although these trainers are no doubt of value, one has to question their long-term value, specifically if the experience of the external trainers does not match the local training and health priorities. Hence deciding on the content to be delivered during training is a challenge, requiring a matching of health systems and health needs with the form and style of family medicine to be produced.

The structure of general practice in China, for example, is very different from that in the UK, with less emphasis on the family and a holistic approach to providing primary health care that is typical of the UK general practice approach to family medicine; in China there is greater emphasis on public health activities, such as control of acute infectious diseases and the management of chronic diseases [4]. Although the concept of primary care has a very long history in China, dating from the time of the barefoot doctors, the role of the general practitioner to provide family medicine is new and still evolving. The wider sociopolitical environment in China has had a major influence on this evolution, with central and provincial governments slow on deciding the exact role of the general practitioner in the health care system, and an overall lack of public respect for general practitioners in China, with most patients still choosing to go directly to the hospital, where they perceive they will receive better treatment. Also, there is still a dual health care system and training in China, providing both traditional Chinese medicine and Western medicine, and this can lead to patients and physicians having different perceptions of the role of the physician [5].

In addition, there is little training in family medicine and there are different career pathways to become a general practitioner. Very few medical schools in China have family medicine training within their various undergraduate training programs [5], and also there has been little family medicine training of physicians [6], with a resulting lack of experience in providing care to respond to the changing population demographics and its associated chronic disease health needs [7]. Some physicians are able to initially train in public health to become public health practitioners and then later convert (through short training courses) to become general practitioners [5], but many of these physicians only have managerial responsibilities because they lack the relevant clinical skills.

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The main features of the physician–patient relationship may also be significantly different across contexts, and this will influence the content of training, especially in the area of professionalism. For example, in China, physicians often hold consultations with their clinic door open, with frequent interruptions by patients and staff, and also by relatives and other patients present at each consultation [8]. In addition, the decision making of physicians in China is often strongly influenced by the patient and the patient's family, placing evidence-based health care low in their training priorities.

Methods

The approach to training is frequently different across contexts, and this can be a challenge for external trainers. The first challenge is the method of training. Training in family medicine, for both undergraduates and postgraduates, in the UK has a strong emphasis on the use of small-group teaching and video analysis to provide feedback, for the development of both clinical and consultation skills [9]. This training requires active participation and self-directed reflective learning. In contrast, the usual training method in China is large-group didactic teaching with the presentation of knowledge, which is frequently abstract, and with little opportunity for self-directed learning and reflection [10].

The second challenge is the organization of training. Vocational training for family medicine in China exists, usually in two forms. One form, which is now slowly being removed from the system, is that of retraining. Graduates who have previously followed specialty training, such as surgery, but wish to transfer to general practice are offered a 1-year course that is mainly theoretical and lecture based. A more common training approach is a 3-year program, with just over 2 years in hospital posts and 10 months in a community clinic. However, the hospital posts are usually unrelated to family and community care, and there is often no structured training opportunities during the community post, and any assessment is mainly knowledge based.

Assessment

The approach to assessment is often markedly different across contexts. For example, in the UK, there has been increasing emphasis on the use of assessment methods that are based on actual performance in practice, such as observed workplace assessments, and the need to regularly revalidate professional practice using reflective portfolios and feedback comments from both patients and colleagues [11]. These approaches to assessment are markedly different from those in China, where workplace assessment and reflective portfolios are rare. During training, assessment is frequently knowledge based, although some training organizations are beginning to develop clinical skills centers for formative and summative assessment. Assessment, which leads to internal promotion, features within each community clinic but consists in collecting public health data rather than assessment of clinical ability. Little emphasis is placed on continuing professional development or any structuring of continuing medical education.

Responding to the challenge of providing training across different contexts

An awareness of the potential challenges is essential for both external trainers and those with responsibility for making the invitations. An essential aspect is an early two-way dialogue to establish the exact requirements for training, as well as discussing the main differences in the health care needs and health care systems. Early awareness of these differences can help external trainers to modify their approach to training so that it becomes more focused and relevant to the needs of the host country.

Tolerance of cultural differences is an essential quality for any external trainer, and experienced travelers will be aware of differing attitudes to factors such as starting sessions late, use of cell phones during sessions, and participants leaving midway through sessions.

Our experience is that there is often a 'fly in–fly out' approach to providing external training in family medicine, but change that is transformational, for both health care systems and training, requires contact over a prolonged period of time and with repeated opportunities to build collaborative relationships and consolidate learning to achieve the intended impact. An important aspect in China is to ensure that there is a supportive sociopolitical environment for training, including rebalancing the time contradiction between work and training, the deficiencies of qualified local trainers, and lack of adequate funding for training [9]. A focus on implementing a

'training the trainer' approach is considered to be an essential strategic move so that there is cohort of appropriately trained and motivated local trainers that can continue after external trainers have returned to their home countries. For example, pilot training projects have been successful in Shenzhen, Guangzhou, and Hangzhou with the support of the Association for Medical Education in Europe and its members, leading to the establishment of the Harden–Gibbs General Practice Clinical Skills Center and the launch of the essential skills in medical education courses for faculty development at Sun Yat-sen University of Medical Science.

An important aspect of all training is assessment because it ensures that learning has occurred with the development of required standards and it also informs trainers, as a quality evaluation, about the extent to which their efforts have achieved their desired impact. Implementing an effective approach to assessment and evaluation should be a major contribution of external trainers so that they leave behind a cohort of appropriately trained physicians. In China, physicians training in family medicine by the 3-year program usually have a clinical skills assessment in the second year, followed by a theoretical knowledge–based assessment at the end of the third year. However, there is often lack of continuity of supervision and feedback. Local educational supervisors can be encouraged to work closely with and learn from the external trainers.

Conclusion

Physicians with expertise in providing training for family medicine, at both undergraduate level and postgraduate level, are likely to continue to be invited to run training workshops in countries with developing systems of family medicine but, as we have highlighted in this article, this approach is often a challenge for the incoming external trainers. On the basis of our recent experience as external trainers in China, we have tried to offer some insights into the general challenges in working across different contexts, especially the cultural factors, the different approaches to training, and the wider sociopolitical environment of the host country. We have also tried to offer some practical responses to these challenges with relevance to both external trainers and those responsible for requesting training.

Conflict of interest

The authors declare no conflict of interest.

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