

LETTER TO THE EDITOR / ПИСМО УРЕДНИКУ

Challenges arising from the residency program for traditional Chinese medicine postgraduate students in China

Yuhao Si¹, Yong Ma², Heng Yin³¹Nanjing University of Chinese Medicine, First School of Clinical Medicine, Nanjing, China;²Nanjing University of Chinese Medicine, College of Basic Medicine, Nanjing, China;³Wuxi Affiliated Hospital of Nanjing University of Chinese Medicine, Department of Traumatology and Orthopedics, Wuxi, China

Dear Editor,

The Chinese residency program (“5 + 3” system) became formalized and institutionalized nationwide in 2015, covering all the primary medical specialties, which included traditional Chinese medicine as well [1]. Traditional Chinese medicine is an experience-based specialty that has been inherited and developed through the handing-down teaching strategy for thousands of years, and this strategy has been proven effective for Chinese medical education [2]. Interestingly, traditional Chinese medicine postgraduate students nowadays are subjected to the US-style residency program, which is tailored for Western medicine education.

Unfortunately, the feedback of the residency program seems to be lower than expected due to some notable limitations. There are two key aspects of the current restrictions, which include curriculum set and clinical training [3]. The curriculum set issues are that the courses have a much shorter duration, weak pertinence, and absence of timeliness. Traditional Chinese medicine postgraduates used to take at least a one-year course on campus prior to participating in a two-year program for clinical training or medical research training. However, over 80% of postgraduate students only take a three-year residency program at a designated hospital during their entire postgraduate career as requested. Consequently, this inhibits students from possessing a sufficient professional knowledge base prior to starting clinical training. Additionally, residents with inadequate profession can be a real threat to patient safety.

The purpose of clinical training is to lay a foundation for residents to be independently engaged in health care via targeted and

systematic teaching and practice [4]. Nevertheless, three leading limitations arise as follows:

- 1) The training duration of each student’s specialty (sub-subjects of traditional Chinese medicine) accounts for less than 1/3 of the entire program duration;
- 2) Students may not obtain competent support and guidance from their teaching peers at the hospital;
- 3) Negative activating emotions can be bred among students as a trend of neglect during their daily work or even becoming free labor at hospitals.

Although the residency program has been occurring in China for almost five years, this trend seems to continue. More importantly, most postgraduate students are subjected to the repetitive writing of medical records and may not be trained in typical traditional Chinese medicine since Chinese medical doctors are likely to undertake an unimaginable workload every day due to China’s large population.

Notably, the aforementioned limitations are threatening the quality of the traditional Chinese medicine education. This, in turn, contributes to the graduation of unqualified physicians of traditional Chinese medicine and low-quality health care services. Therefore, the National Health Commission of China has to emphasize those problems and elaborate a localized and comprehensive residency program for the traditional Chinese medicine postgraduates, which will ultimately offer all Chinese citizens high-quality care.

ACKNOWLEDGMENT

The study was supported by the Natural Science Foundation of China (No. 81973878). A

Received • Примљено:

August 2, 2020

Accepted • Прихваћено:

October 5, 2020

Online first: October 14, 2020**Correspondence to:**

Correspondence to:

Heng YIN

No. 8 Zhongnan Xilu Avenue

Jiangsu Wuxi 214071, China

zhongyiyinheng@126.com

Project Funded by the Priority Academic Program Development of Jiangsu Higher Education Institutions (Integration of Chinese and Western Medicine) and (Nursing with No.2019YSHL154 and No.2019YSHL151), Jiangsu Natural Science Foundation (BK20180167), Wuxi Municipal Health Planning Commission's Science and Education Project (QNRC042), and Postgraduate Research

and Practice Innovation Program of Jiangsu Province (No. KYCX20_1462). The funders had no, and will not have a role in any of the aspects in the study design, data collection and analysis, publication or development of the manuscript.

Conflict of interest: None declared.

REFERENCES

1. Zhu J, Li W, Chen L. Doctors in China: improving quality through modernisation of residency education. *The Lancet*. 2016;388(10054):1922–9.
2. Li J, Yu H, editors. Exploration on the Development Model of Health Service of Traditional Chinese Medicine. Taking Shijiazhuang of Hebei Province as an Example. 3rd International Conference on Economics, Management, Law and Education (EMLE 2017); 2017: Atlantis Press.
3. Wang XY, Rodríguez AC, Shu MR. Challenges to implementation of medical residency programs in China: a five-year study of attrition from west China hospital. *Academic Medicine*. 2010;85(7):1203–8.
4. ALHaqwi AI, Taha WS. Promoting excellence in teaching and learning in clinical education. *Journal of Taibah University Medical Sciences*. 2015;10(1):97–101.