

# *Analysis of the Developmental Status of "Western Medicine Learning Chinese Medicine" Training: Taking Changchun Secondary Public Hospital as an Example*

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**Abstract:** Traditional Chinese Medicine (TCM) is a medical science and cultural heritage empirically applied and reserved by Chinese people for thousands of years. The fact that TCM has been used in China for thousands of years shows the value and reason why it must exist. Although TCM has been or is being questioned, there is no doubt about its importance in terms of efficacy. The education of "Western medicine practitioners learning Chinese medicine" is a mode of continuing medical education with Chinese characteristics, and it is one of the historically proven and effective ways to cultivate talents in the integration of Chinese and Western medicines, which has a great role to play in promoting the development of the cause of Chinese medicine and the discipline of integration of Chinese and Western medicines in China. The purpose is to let the western medicine doctors also have a certain ability to serve Chinese medicine. In this paper, through the questionnaire survey on the second-level public hospitals in Changchun, we have made a preliminary analysis of the current situation of the training activities of "Western doctors learning Chinese medicine", understood the difficulties faced by the current training activities, and thought about how to solve these difficulties. Only if the education of "Western doctors learning Chinese medicine" is more standardized, practical and professionalized can we train more medical talents with the highest level of sincerity and expertise in learning Chinese and Western medicine for the country.

## **1. Concept and Background of "Western Medicine Practitioners Learning Chinese Medicine"**

"Western medicine practitioners learning Chinese medicine" means that clinicians can attend Chinese medicine-related training, and through a series of classroom lectures or skills training, they will be able to provide a certain degree of Chinese medicine services. Traditional Chinese Medicine encompasses a variety of therapies including Chinese herbal medicine, acupuncture, Qigong, and physical therapy such as massage and Gua Sha (scraping). Due to its unique philosophy and treatment characteristics, Traditional Chinese Medicine was identified as one of the advanced medical sciences until the 17th century [1]. As early as 1953, expert proposed that the first of China's three major contributions to the world was Chinese medicine. A year later, the call for "Western medicine to learn

traditional Chinese medicine" was officially launched, accompanied by the introduction of specific measures. In December 1955, at the same time as the establishment of the Institute of Traditional Chinese Medicine, the first national classes for Western medical practitioners leaving the profession to study Chinese medicine was opened, and then six classes for Western medical doctors leaving the profession to study Chinese medicine were held one after another, with the scope of the class expanding further from Beijing, Shanghai, and Guangdong to the whole country, and the number of trainees also increased from 76 at the beginning to more than 300. In October 2019, in order to better pass on and develop the culture of traditional Chinese medicine, the government once again issued documents and formulated specific measures, and Chinese medicine once again entered the public's field of vision. Traditional Chinese Medicine has served the Chinese people since ancient times and has played an important role in today's medical care, and it especially has a very systematic understanding of the etiology and pathogenesis of acute infectious diseases, and it is superior to western medicine in improving the symptoms and quality of life of patients [2]. During the epidemic, the Chinese medicine practitioners even proved this with practical actions.

## 2. The Current Development of "Western Medicine Practitioners Learning Chinese Medicine"—A Case Study of Changchun Public Secondary Hospitals

### 2.1. Subjects of Investigation

Using a combination of purposive sampling and theoretical sampling, the survey was conducted among in-service employees working in secondary public hospitals in Changchun who had participated in the "Western medicine practitioners learning Chinese medicine" training.

### 2.2. Method of Investigation

A self-designed questionnaire was used and distributed to various different secondary public hospitals through the Questionnaire Star applet. Doctors gave serious and honest feedback based on their personal experience, training effect and training needs. Through the processing of the background data, 195 real and reliable data were obtained after selectively deleting the meaningless parts of the questionnaire results. The data were processed mainly using Excel for statistical analysis to draw conclusions.

### 2.3. Results

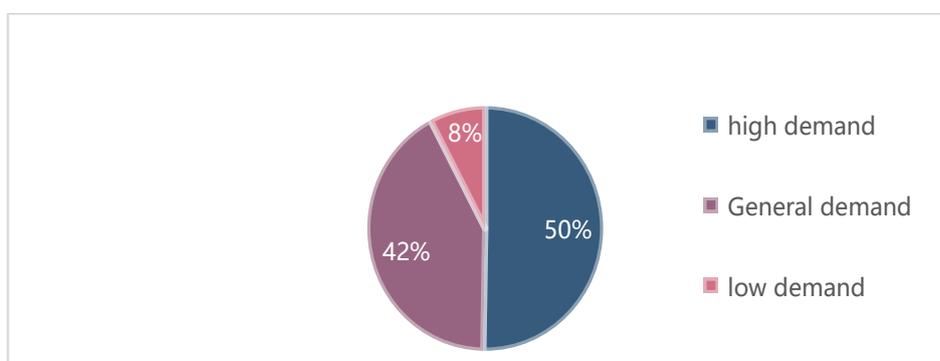


Figure 1: Demand for Chinese medicine treatment

As shown in Figure 1, 50% of the doctors have a relatively high degree of demand for Chinese medicine, 42% of the doctors have a need for Chinese medicine but the need is not urgent, and only

8% of the doctors do not need Chinese medicine.

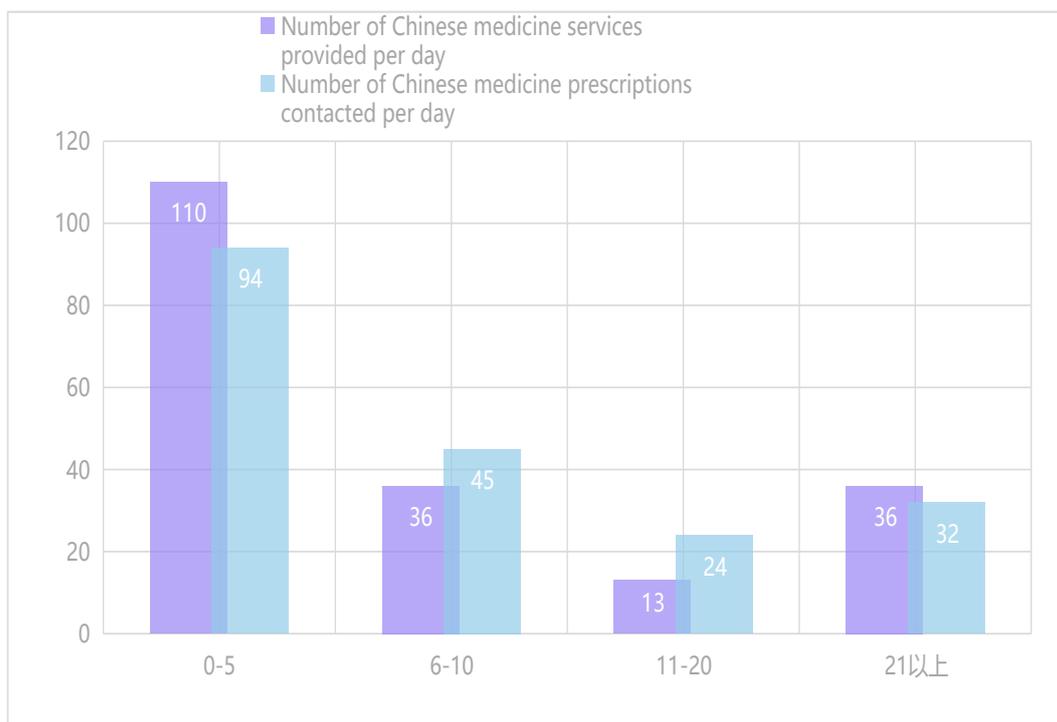


Figure 2: Chinese medicine service capacity

As shown in Figure 2, it can be seen from the data in the figure that the Traditional Chinese Medicine service capacity of doctors in public secondary hospitals in the Changchun City area is not satisfactory in general, and most of them have a low level of Traditional Chinese Medicine.

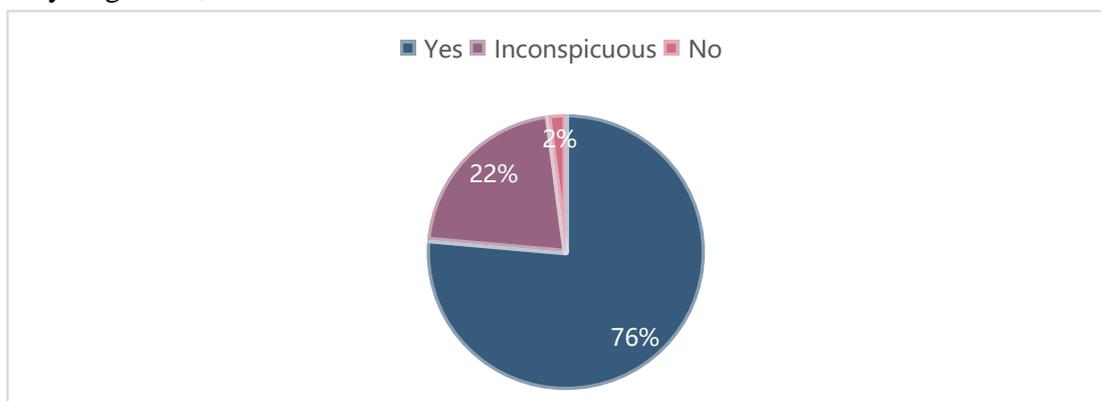


Figure 3: Whether the number of herbal medicines that can be prescribed increases after training

As shown in Figure 3, the ability of trained doctors to provide Chinese medicine services has significantly improved, with 76% of them finding that the quantity of Chinese medicines they can use has increased, and only 24% feeling that there is no significant or no improvement.

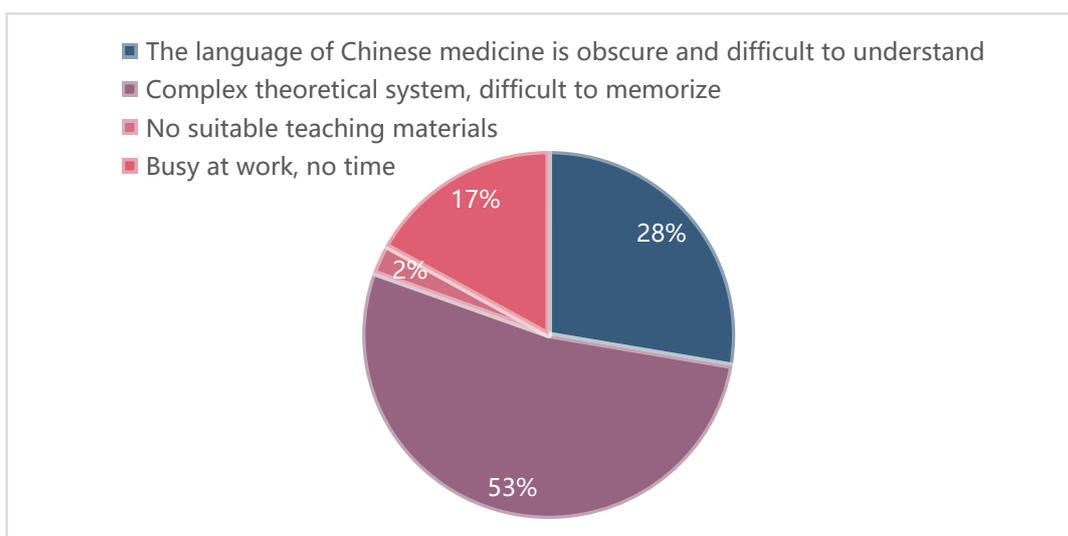


Figure 4: The greatest difficulties in the training process

As shown in Figure 4, 53% of the doctors thought that the biggest difficulty in training was the obscure language of Chinese medicine, which made it difficult to understand; 28% thought that it was the complexity of the theoretical system of Chinese medicine, which made it difficult to memorize. 17% thought that it was the fact that they were busy with their own work and didn't have the time; and only 2% thought that it was the lack of suitable teaching materials.

### 3. Difficulties Encountered in the Development of "Western Medicine Practitioners Learning Chinese Medicine"

According to the previous data, it can be seen that most of the doctors, whose own level of Chinese medicine is low, have a need for Chinese medicine, and there is a great deal of room for development in Western-style Chinese training. However, doctors have also encountered some problems in the course of training that prevent them from further study.

#### 3.1. The Language of Chinese Medicine is Obscure and Difficult to Understand

Traditional Chinese Medicine theory is still based on classics such as the Huangdi Nei Jing, also known as the Yellow Emperor's Inner Canon, that date back more than 2,000 years. Current CM has largely been adapted to modern clinical practices, but the language of Traditional Chinese Medicine therapies and practice has barely changed [3]. Most of these classics are written in the Chinese language, which is difficult to read and is filled with a lot of Chinese medicine jargon, making it difficult for participating doctors to understand what these classics are saying. For example, "Mother passing illness to child", "Child's illness affects the mother", The former sounds like it is saying that a mother's disease is passed on to her children, and it seems to be talking about something in the area of hereditary diseases, whereas the latter is very difficult to understand, literally meaning that the child's disease in turn affects the mother, and it should fall into the category of infectious diseases. But in reality the two words mean something quite different from their literal meaning. "Mother passing illness to child" means in the five elements, when an illness in the mother organ is passed to the child organ. By the same token, "Child's illness affects the mother" means in the five elements, when an illness in a child organ affects the mother organ. The terms "mother" and "son" are used here to refer to the internal organs of the human body, and both terms convey the idea that one organ is diseased and affects the other organ associated with it. Similarly, "Disharmony between the heart and

the kidney", "Wind is the leading cause of diseases" and so on. These terminologies are concise, but they also constitute a difficult part of the study.

### **3.2. Complex Theory System of Chinese Medicine**

Traditional Chinese Medicine is the treasure of Chinese Nation and gained the gradual acceptance of the international community. It originated from experiences doctors had with patients in ancient times [4]. However, the methods and theories of Traditional Chinese Medicine understanding of diseases are lack of appropriate modern scientific characterization systems [5]. The differences between Chinese and Western medicine are mainly reflected in the overall concept and syndrome differentiation. The concept of organs in Traditional Chinese Medicine is different from that in modern medicine [6]. The main Traditional Chinese Medicine theories include the teaching of "yin" and "yang" and the five trespasses Phases ("Elements"). They describe the activity of effects and functional powers involved in body function such as the "qi", the "blood" or "xue", as well as the effects of active and resting fluids "jin ye", and the differential diagnosis of syndromes [7]. Ancient Chinese physicians postulated that everything is made of the same "substance", the "qi". This philosophy stands for oneness and wholeness as part of the same paradigm, considering that all existing things are symbiotically connected through the system of "qi" [8]. One of the main goals of Traditional Chinese Medicine is to balance the effects of the body's "qi". However, clinicians have been studying Western medical theories for more than a decade, and it is inevitable that they will not be able to adapt when they are suddenly exposed to a completely opposite theoretical system.

### **3.3. Busy**

Doctors, due to the special nature of their work, work more intensively and are unable to take sufficient rest and adjustments. According to a survey conducted by Clove, more than half of the doctors need to see more than 30 patients per half-day, with a lunch break and meal break of less than one hour, and even some of them have a lunch break of no more than 30 minutes. Nearly half of the doctors have an average operation time of more than 8 hours during the operation day. Due to the problem of their profession, most of the doctors can't even repair their vacation time.

## **4. Measures to Address the Problem**

### **4.1. Cultivating Western Medical Personnel's Awareness of and Interest in Learning Chinese Medicine**

In the management of Western studies, the low attendance rate is a common headache, on the one hand, because Western medical personnel do not have time due to their busy clinical work, on the other hand, they are not interested and not motivated. Unable to let them actively participate in the study, only the use of administrative penalties to discipline. As a result, the learners are not optimistic about the actual mastery of the theoretical knowledge of Chinese medicine. How to guide western medical personnel to recognize the importance and scientific nature of Chinese medicine, on which the Chinese people have relied for more than 2,000 years, and to cultivate their knowledge and interest in learning Chinese medicine is an important part of the training of "Western medicine practitioners learning Chinese medicine".

The first thing to do is to require, as a matter of policy, Western medical personnel to participate in training, so as to create the prerequisites for Western medical practitioners to come into contact with Chinese medicine. After that, through the teaching of theoretical lecturers and hospital instructors, they can use what they have learned about Chinese medicine to alleviate or even cure

patients' illnesses in the clinic, or follow the instructors and observe the whole process of patients receiving Chinese medicine treatment, so that they can have an intuitive understanding of the efficacy of Chinese medicine, thus stimulating the enthusiasm of Western medical practitioners for learning Chinese medicine. Although Chinese medicine is very difficult for Western medical doctors to learn, there are examples of Western medical doctors who have succeeded in learning Chinese medicine, and they even have a higher utilization rate of Chinese medicine than Chinese medical doctors. In view of the successful cases, successful doctors are invited to give lectures on "How Western medical personnel learn Chinese medicine" to the participating doctors. From the usual learning experience, clinical mistakes, to how to prescribe the first Chinese herbal medicine prescription, etc., it is more acceptable to talk about learning Chinese medicine from the perspective of a Western medical practitioner. By setting up a successful model for western medical practitioners to learn Chinese medicine in the training course and inviting western medical practitioners who have successfully learned Chinese medicine to give a personal account of their learning experience and experience, it can also serve the purpose of increasing the interest of the trainees in learning Chinese medicine. Secondly, reasonable and appropriate rewards should be offered to stimulate the enthusiasm of trainees in learning Chinese medicine. At the same time, there should be measures such as denial of training subsidies and prescription rights for proprietary Chinese medicines for trainees who are absent from training without any reason, who do not participate in the training according to the requirements, or who do not pass the training assessment.

#### **4.2. Adaptation of Training Modalities**

To address the problem of trainees not having the time to participate in training, it is not necessary to force trainees to spare time for training, and adjusting the mode of training is also a way. To address the problem of doctors being too busy to spare time for training, a method similar to internship rotation can be adopted, whereby trainees can be temporarily transferred to work in Chinese medicine departments and be taught by Chinese medicine doctors, so that they can learn the theoretical knowledge and clinical skills of Chinese medicine while at work. In addition, apart from the strict selection of trainees by the various units as required, the training organizations should also divide the trainees according to their different levels and needs, and set up corresponding training methods and contents for the trainees according to their different characteristics. Adjust training expectations appropriately and set training goals in stages. In view of the inherent thinking mode and concepts of western medical personnel, the training content should be set by stages, levels and degrees to guide the transformation of inherent concepts in a gradual manner, and the basic idea of establishing the scientific, rational and effective nature of Chinese medicine should be taken as the basic goal of training. The training should take into account the work and living arrangements of the trainers and other factors, and the training time should be reasonably standardized. Teachers should be TCM experts with solid theoretical knowledge and rich clinical experience to guide the trainees to combine theory and practice, and at the same time to promote the learning of trainees through the interaction between trainees and teachers in and out of the classroom.

#### **4.3. The Importance of Medical Organizations and Leaders at All Levels is a Prerequisite for the Sustainable Development of In-Service Education in Western Studies**

The cultivation of "Western medicine Chinese medicine practitioners" cannot be separated from the importance attached to it by medical organizations and leaders at all levels. Since the 1950s, the government has begun to introduce policies to help Chinese medicine practitioners and strongly advocate Western medicine Chinese medicine practitioners. From 2016 to 2017, the government has repeatedly issued documents stating that it is necessary to establish a sound system for Western

medical practitioners to study Chinese medicine, encourage graduates of clinical medicine programs to pursue degrees in Chinese medicine, and encourage Western medical practitioners to leave their jobs to study Chinese medicine. The implementation of these policies has strongly promoted the development of "integrated Chinese and Western medicine" training. However, in order to further promote its development, it is necessary to strengthen the policy. First of all, doctors participating in short-term training will be issued with special medical licenses by the health authorities and allowed to prescribe proprietary Chinese medicines after they have passed the examination. Doctors participating in long-term training will also be given another license to prescribe Chinese medicine tablets. Secondly, pharmaceutical companies should be encouraged to increase their investment in and development of Chinese medicines so as to increase the proportion of Chinese medicines in the market and to encourage doctors to prescribe more Chinese medicines. Lastly, we should continue to expand the coverage of the "Western medicine and Chinese medicine" training so that more Western medical practitioners can take part in it, and at the same time, we should ensure that "lenient entry and rigorous exit" is practised to ensure the quality of the training.

## 5. Conclusion

In the context of the new era, the training of "Western medicine practitioners learning Chinese medicine" also needs to keep pace with the times. Through government-led, the full integration of resources from the state, society and individuals is of great significance in accelerating the development of the integration of Chinese and Western medicines in China, and further realizing the inheritance and innovation of Chinese medicine culture.

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