

## What I Learned in China

Beat D. Steiner, MPH, MD

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**D**espite frequent reports of military and economic tensions between China and the United States,<sup>1,2</sup> I recently travelled to China, where I learned more in a week than I have learned in a long time elsewhere. The trip reinforced for me the idea that we learn best when push ourselves out of our comfort zone and open ourselves to new ideas. Two colleagues were instrumental in that learning. Nicholas Comminellis—a family physician and STFM member who has spent many years working in China—invited me to travel to China. Pang Yan is a Chinese general practitioner (GP) who acted as my host and translator while I was in China.

Due to a unique set of circumstances, I was invited to speak to the Chinese General Practitioner Academy. China aims to increase their number of GPs from 200,000 to 500,000 by 2020. To put this number in perspective, the United States currently has just over 100,000 family physicians. The proposal by the Chinese central government to more than double the number of GPs in the next 2-3 years comes at a time when China is reconsidering the role of primary care. China recognized the importance of strong community connections to improve health when it developed the model of the “barefoot doctors” in the late 1960s and 1970s.<sup>3</sup> But barefoot doctors had relatively little training and did not possess the skills to provide more sophisticated diagnoses and treatment. As the Chinese economy improved and extreme poverty was reduced, new health care priorities emerged, and new types of physicians needed to be trained. Today China is looking to create a primary care workforce that more closely resembles that of family physicians in the United States or GPs in England.

The barriers to doing this are daunting. Resistance of subspecialists who hold many positions of power needs to be overcome, and the workforce needs to be built. China is hoping to train new physicians and also retrain other specialties to family medicine. The workforce inequities between rural communities and urban centers need to be addressed. I was not invited to help solve these problems as they are not issues where I or STFM have particular expertise. I was invited because of the expertise that STFM has in faculty development.

If China is to transform its primary care workforce, robust faculty development will be essential. This recognition prompted my invitation to China, where I was invited to speak due to the international reputation of STFM. Leaders of primary care in China are aware of STFM's mission to improve health through a community of teachers and scholars. So, after significant preparation, I undertook the 12,000-mile round trip to Shenyang to present to the 1,500 conference attendees. I have never travelled to China and do not speak the language. I boarded the airplane with some anxiety, dreading the long flight, wondering about my welcome in a country with a tense relationship with the United States, and worried what it would be like to present to a large audience I did not know.

But I was met with unexpected warmth and interest. The attendees of the conference were ready to learn and they engaged deeply with the material I presented. My slides were translated into Chinese and my plenary presentation was likewise translated. During and after the conference I met with many of their primary care leaders. The attendees of the conference and the leaders with whom I met asked

thoughtful questions about strategies for faculty development. They also wanted to know how they could tap into STFM resources.

I shared with them the myriad of opportunities that STFM offers. We have a strong Global Health Collaborative that promotes understanding and teaching of family medicine throughout the world and strengthens collaborations to advance global development. We welcome educators from across the world to use our online resources, join our collaboratives, and attend our conferences.

I returned from the trip tired, but also inspired and energized. Learning how China is dramatically embracing primary care underscored for me the value that our specialty brings to patients across the world. Seeing others embrace primary care and overcoming obstacles reaffirmed for me that we are on the right track with our 25 x 30 initiative that seeks to increase the number of US medical school students choosing family medicine to 25% by the year 2030. The trip also affirmed for me the importance of faculty development and STFM's role in helping to deliver high quality content. Witnessing China embrace faculty development as a cornerstone to health care transformation and realizing that STFM is a brand recognized well beyond the United States validated for me value of our work. But perhaps most importantly, I saw again the power of learning from those who are different from ourselves. Learning in China during my short trip taught me lessons in humility and respect that will strengthen my work in the United States. We know ourselves better by getting to know those who are different from ourselves.

As our country debates whether to close our borders to immigrants and whether to further isolate ourselves from our international partners, these lessons are particularly poignant. Perhaps this column will prompt some STFM members to reach out to Nicholas Comminellis (nicholas@inmed.us) to find out how to get involved with faculty development efforts in China. Perhaps some of you will join the Global Health Collaborative on STFM Connect. And hopefully all of you will reflect on ways that you can learn by pushing outside of your comfort zone and opening your mind to new ideas from those who think and act differently.

**CORRESPONDENCE:** Address correspondence to Dr Beat Steiner, University of North Carolina School of Medicine FMR, 590 Manning Dr, Campus Box 7595, Chapel Hill, NC 27599. 919-966-6125. beat\_steiner@med.unc.edu.

## References

1. Perlez J, Myers SL. US and China are playing "game of chicken" in South China Sea. *New York Times*. Nov 8, 2018.
2. Tankerley J, Bradsher K. Trump hits China with tariffs on \$200 billion in goods, escalating trade war. *New York Times*. Sept 27, 2018.
3. Hu D, Zhu W, Fu Y, et al. Development of village doctors in China: financial compensation and health system support. *Int J Equity Health*. 2017;16(1):9.