Sino-American Medical Exchange

Julianne Ip, MD

Abstract
The purpose of this article is to offer a template for developing Sino-American medical exchange programs. As globalization is the trend among professions and enterprises, exchange programs in medical education emerge as an ideal vehicle to promote and foster Sino-American relationships and improve world health. Brown University’s Alpert Medical School (AMS) and the Program in Liberal Medical Education (PLME) offers examples of two program templates for developing ongoing Chinese exchange programs. The author believes that three key components are essential for developing and sustaining ongoing exchanges: an interested and devoted faculty member from both countries of the exchange; the support of the highest level of administration at each institution as an exchange involves the waiver of tuition as well as administrative staff necessary to administer the exchange; and funding options to assist in travel, housing and board. Other models of exchange programs will briefly be reviewed as alternative options.

Brown University’s Alpert Medical School has long been involved in international health and medical exchange programs. For over 35 years, there have been student exchange programs with Germany, Israel, Sweden, Japan, Brazil, Mexico, and Columbia. Over time, as faculty members who supported the programs changed responsibilities, interest and positions, individual programs were reviewed, and modifications made. In the late 1990s, there was a surge in interest in opportunities for clinical exchange programs as well as interest amongst international medical students for opportunities to participate in American medical school clinical elective clerkships. Perhaps, this was in response to changes in the licensure of foreign medical graduates in the US or perhaps for other reasons. Nonetheless, the Associate Dean of Medicine was charged with an additional responsibility to oversee all visiting international medical students at Brown and to review the existing “exchanges.” When President Simmons took the helm of Brown in 2001, she expressed specific interest in broadening Brown’s impact on the world.

An excerpt from President Simmons’ brief address to the campus community on September 11, 2001:
“Moments like this, I become aware more than ever that access to education in its broadest sense can make an immense difference in the future of our civilization. We can focus on educating ourselves about ourselves, if we so desire, but far more important is to educate ourselves about others.”

In anticipation of AMS involvement, the Associate Dean of Medicine (Visiting International Medical Students–VIMS) developed two tracks for accepting international medical students:
1. The “traditional” exchange program wherein each participating institution waives tuition such that their students may take clinical elective rotations or be part of a research team and faculty are able to collaborate either clinically or in research.
2. A tuition-paying visiting international student program specifically designed for clinical medical electives.

This article addresses the two Sino-American exchanges developed with Zhejiang University School of Medicine in Hangzhou China and the National Chung Kung University in Tainan Taiwan.

Background for Chinese Exchange
In 2005, Brown University’s Program in Liberal Medical Education, an 8-year baccalaureate–MD program was identified by the China Medical Board (philanthropic organization supporting medicine and education in China) as a possible partner for the Zhejiang University School of Medicine (ZUSM) in their pursuit of a leadership position in globalization in medical education. ZUSM had been identified by the central Chinese government as one of six schools in China to be leaders in medical education and globalization. The central government envisioned that these schools would graduate academic physicians who could become leaders, teachers as well ambassadors to the global medical community. To meet this goal, ZUSM’s senior administration (Dean Denian Ba and Executive Dean Jianhong Luo) developed plans to expand the ZUSM’s seven-year program into eight years with additional clinical educational experiences added to enhance a student/scholar/academic with a broader based foundation. English would be the language for participants in the program in order to facilitate communications with Western allopathic programs.

Julianne Ip, MD
Associate Dean of Medicine (PLME and Visiting Int’l Medical Students)
Alpert Medical School of Brown University
Tel: 401-863-3098
The PLME offers a unique opportunity to join undergraduate and professional studies in medicine in a single eight-year program. By combining the open curriculum concept of Brown (The College) and the competency-based curriculum concept of The Warren Alpert Medical School (AMS), the PLME encourages students of medicine to pursue in depth their interests in the humanities, social sciences, and natural sciences even as they prepare for their careers as physicians. This corresponded well to Zhejiang University School of Medicine’s mission “to produce a community of the best people dedicated to medical research, education, and practice.”

President Simmons of Brown noted in one of her addresses “Producing globally competent citizens implies that universities prepare students for lives and careers in an increasingly diverse, far-reaching interconnected world. Today’s global circumstances require a firm commitment to international learning in combination with dynamic institutional partnerships and study abroad across the full range of regions.” Dean of Biology and Medicine Edward Wing, addresses each incoming MD class with anecdotes of his work in Kenya and how important his experiences there are in shaping his medical practice. These leaders were clearly poised to support globalization in all areas of study at Brown. In the environment of strong leadership and interest in global learning, the Associate Dean of Medicine and the Visiting International Medical Students (VIMS) for Brown identified, initiated discussions and pursued major funding sources:

- Luke Charitable Trust Fund (a local Chinese American Association): a proposal was developed to submit an application for funds. Seed money was successfully awarded as well as an additional grant to continue the program.
- An alumnus of ZUSM who has a family connection at Brown made a sizeable personal donation in the form of an endowment to keep the exchange ongoing. This endowment-type funding would be the archetype for perpetuation of an exchange.

The Taiwan Experience
Brown University also set up a second medical exchange program that was initiated by students. The PLME and AMS students were interested in a rural Chinese medical experience. The students approached a Brown faculty member who was teaching medical Chinese and the Associate Dean of Medicine (VIMS) to pursue their interests. Both the Brown faculty member and the Associate Dean (VIMS) personally knew the Dean of Medicine at National Cheng Kung University (NCKU) and a positive connection was made. Again, core faculty members at the interested
institutions were instrumental in forging the initial interest and program development. Once program goals for the exchange and clear benefits were identified to both parties, the proposal was drafted by the Associate Dean of Medicine (VIMS) and sent to the Dean of Medicine & Biological Sciences at Brown.

The second phase was obtaining approval of the exchange from the President and Provost at both institutions. Finally, funding completed the third step. Fortunately, the local Rhode Island Chinese American Association funded the program. [Of note, the Associate Dean of Medicine (VIMS) has also applied to an international foundation for ongoing funding for any Chinese, Taiwanese, or Hong Kong medical program exchange. Awarding for the International Foundation funding will be known in the 2009/2010 academic year.]

**Particulars for the Exchanges and Benefits**

*For the International schools*

- Clinical rotations based upon specialty, offer the greatest exposure to the American medical system but also in offering a view of American culture, teamwork and leadership
- Appreciation of the overarching US medical system: Outpatient care, hospital organization, utilization patterns, third party payers, teamwork and allied medical personnel.
- Improve English fluency and develop cultural competency in view of advanced leadership positions

*For PLME and AMS Students:*

- Traditional Chinese Medicine rotations (for those students who are fluent at least at a conversational level in Chinese).
- The juxtaposition of allopathic and TCM is significant both at ZUSM and NCKU, though more so at ZUSM.
- Clinical rotations particularly in the ER, infectious disease, transplant medicine, and community health.
- The opportunity to see international health delivery systems and learn both the positives and challenges of more centralized one party payer systems, exposing and educating American medical students on how best to advocate for health care reform in the US.
- An opportunity to improve Chinese fluency and develop cultural competency.

**Operational Issues/Curriculum Detail**

At ZUSM, individual students work with the Dean of Medical Education and his administrative liaison to set up specific individualized clinical rotations. Currently a group of four PLME students arranged for a 6-week long TCM rotation, which will serve as the prototype for TCM experiences in the future. One week of “overall orientation” to TCM and the Chinese philosophy of medicine; one-two weeks of acupuncture and moxibustion; one week of Chinese herbal medicine; one week of cupping, pulse and tongue diagnosis, and one week of Tai Yuan massage therapy. If time permits, the students will add a week of interaction between allopathic and TCM or develop their own interests further.

At NCKU, the Associate Dean for International Affairs and his administrative liaison set up individual rotations for Brown students based on interest and proposals. At Brown, the PLME/VIMS manager along with the Associate Dean of Medicine (PLME/VIMS) work with the exchange administrative liaisons to set up clinical elective rotations. (See website list).

**Alternative Options for Medical School Exchanges**

1. American medical students could select from established clinical elective experiences and participate as “regular” medical students at the international institution. This is difficult given the language fluency required to interview patients but is a viable option. The Israeli programs are set up in this fashion: one at Technion and one at Sackler.

2. American medical students could participate in a set “mini-course.” Brown has two of these opportunities. One at University of Rostock wherein a 2-week summer mini-course is offered in changing topics yearly. Thus far, Aging and Comparative Health Care for the past 2 years preceded by 2 years of “Tropical and Travel Medicine.” The program at Karls Eberhart University in Tuebingen offers a 2-week mini-course on “Medical Ethics and Comparative Health Care systems.” Both of these mini-courses are specifically set up for our exchanges and are taught in English. They do include the host medical schools students, however, in an effort to increase collaboration.

3. American medical students have set up specific research rotations at our exchange institutions based on their areas of interest and the “specialties” of the international institution. Research is usually quite accessible since most labs conduct their meetings in English. Opportunities at all exchange institutions are available for research.

4. A very successful model involves American faculty bringing residents and students on a yearly basis to the international medical school with a specific goal of providing medical care. Our Kenyan–Moi program and a newly developed Haitian exchange program function on this basis and are highly successful. Each of these
programs has sought independent funding and pay for the international students’ housing, board, and travel when they come to the US. Conversely, there are funds to assist in supporting the Brown students when they accompany the faculty to the international sites.

**Administrative Details**

As with all programs, a coordinator, manager, or director needs to be in place and paid to oversee the administration of the exchange. In most cases, this would be the Dean of International Affairs. Essential documents:

1. Immunizations
2. Country VISAS or letters of invitation
3. Clerkship requests and assignments based on student interest
4. Nomination and selection procedure, including language proficiency
5. Housing arrangements
6. Meal arrangements
7. Opportunities for sightseeing and cultural learning.
8. University ID’s
9. Travel arrangements (including transfers to and from the host country airport)
10. Orientation packets/local maps/cell phones
11. Certification/credit for rotation
12. Evaluation/follow up on exchange rotation

Funding is often crucial in maintaining an exchange. Sources include independent donors such as alumni, local organizations such as the RI Chinese American Association, or other national sources. To enable wider dissemination of exchange programs, identification of funding sources would be vital.

**Summary**

Over the past 20 years, there has been an increasing interest in global health and medical exchange programs. Brown has been at the forefront of globalization having not only exchange programs but also a tuition-paying visiting international medical student program. The purpose of this article was to briefly outline the key components necessary for setting up successful and sustainable exchange programs. The three essential elements: an identified motivated faculty member; fundamental support from the highest level of administration at the institution; and a source of funding. This includes development and documentation of a clear understanding of the program goals of the exchanges; rudimentarily, just having opportunities and use of the exchange by both institutions involved. By necessity, the exchange must be mutually beneficial, it cannot be a one-way exchange, or the program will fail. Regular reassessment and communications are important for quality improvement, particularly student feedback following participation. Several options were covered on what experiences may be established as part of a medical exchange and a basic template was provided. As these programs continue to develop, Sino-American relations will strengthen and world health should benefit greatly.

**Acknowledgements**

The author would like to thank and recognize the following people:

ZUSM: Dean Denian Ba, Dean Jiahong Luo, Dean Zhengping Xu, Dean Huang He, Dr. Xiaoe (Lucy) Luo, Ms. Jing Chen.

NCKU: Dean Charles Lin; Dean Paul Poon, and Ms. Jui Chen

BAMS: Dean Edward Wing, Dean Philip Gruppuso, and Ms. Hilary Sweigart.
And Stephanie Hunter, Larry and Christopher Shaw.