

CRITICAL REVIEW OF DATA EVALUATION IN TEACHING CLINICS OF TRADITIONAL CHINESE MEDICINE OUTSIDE CHINA: IMPLICATIONS FOR EDUCATION

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Objectives: The increasing acceptance of traditional Chinese medicine (TCM) worldwide has highlighted the importance of ensuring the provision of high-quality TCM clinical education. This clinical training should be partly guided by a robust assessment of patient data outcomes in TCM teaching clinics. We undertook a comprehensive literature review to examine the data evaluation in TCM teaching clinics outside China and its implications for TCM education.

Methods: Literature was retrieved via MEDLINE (from 1946 to January 2015), EMBASE (from 1980 to February 2015), and Google Scholar for studies conducted outside China. The search was restricted to English articles reporting empirical findings related to the assessments of patient data in TCM teaching clinics, with implications for TCM education in countries other than China.

Results: Only seven articles from six studies met the inclusion criteria. The characteristics and main symptoms of patients who received any TCM treatment in the context of teaching clinics among all included studies were similar. Symptom relief as well as a high level of patient satisfaction with TCM treatment were found in TCM teaching clinics. Conventional healthcare providers and other complementary practitioners were not the main source of referral to TCM

practitioners but rather patients' friends/relatives. Patients received acupuncture treatment more frequently than treatments utilizing Chinese herbal medicine in teaching clinics. A standardized and consistent framework for patient records within TCM teaching clinics is currently lacking. There was no robust study which "translated" TCM clinic data evaluation findings into implications for TCM education and clinical training.

Conclusions: Recognizing that TCM evolves over time and its practice varies in different settings, there is an urgent need to conduct large-scale, rigorous evaluations of TCM clinic data to address the findings of our review, with the purpose of better informing TCM education and clinical training in countries beyond China. Expansions for scientific efforts supporting TCM education are essential to ensure that qualified TCM practitioners are able to provide safe, efficacious, and cost-effective TCM treatment modalities.

Key words: Traditional Chinese medicine, education, teaching clinics, review, clinic data

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INTRODUCTION

Traditional Chinese medicine (TCM), originated in China and developed over thousands of years, and has been increasingly and widely accepted by the global community as a complementary and alternative medicine (CAM)

approach.^{1,2} Outside China, the most popular forms of TCM healthcare are acupuncture and Chinese herbal medicine.¹ A large national population-based survey conducted in the USA during 2012 reported that 1.5% of Americans had ever used acupuncture.³ In Australia, 27% of adults were reported to have utilized TCM services in 2005.⁴ Another exemplar underscoring the recognition of TCM in global communities was the establishment of national registration scheme for TCM practitioners in Australia since 2012.⁵

It is essential for the development of TCM that the TCM workforce be educated using training that is based on rigorous scientific evidence and a robust system of quality assurance.^{6,7} More than 1000 educational institutes of TCM have been established beyond China, offering a wide range of TCM programs.² It is worth noting that the clinical training component of TCM education beyond China is primarily delivered in the teaching clinics affiliated with a higher

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education provider, rather than in hospitals specializing in TCM (which is the model in China).^{6,8} Statutory regulation of TCM practitioners stipulates the hours of students under the supervision of registered TCM practitioners in their clinical training.^{8,9} This supervised training has been acknowledged as an essential element in allowing many TCM students to provide safe and effective TCM treatments independently in their own clinics after graduation.⁷ As such, the data from TCM clinics can provide valuable information with respect to quality assurance of a TCM program.

Accurate clinical records containing sufficient details relevant to patient information, health history, consultation information, and treatment as well as prognosis, are regulated and standardized by the accreditation authorities for the continuity of TCM care.^{9,10} In addition, there have been studies suggesting that TCM education-related data gathered from patients via questionnaires and/or interviews can provide important research information when a randomized controlled trial or interventional study is not appropriate or practically not feasible.¹¹⁻¹³

We conducted here a comprehensive literature review which aimed to (1) critically analyze the current situation of evaluation of data in TCM teaching clinics affiliated to higher education providers of TCM in countries other than China and (2) synthesize the implications for TCM education accordingly.

MATERIALS AND METHODS

Literature search

Databases searched included Ovid MEDLINE (from 1946 to second week of January 2015) and Ovid EMBASE (1980 to sixth week of 2015). Database search terms including "Medicine, Chinese Traditional," "Drugs, Chinese Herbal," "Acupuncture Therapy," "Education and Medical," "Clinical Competence," and "Students" were used with a variety of related text word terms for TCM, teaching, training, and students. We also searched Google Scholar to identify potential studies with no limitation of publication date applied. Items were limited to "Humans" and "English language."

Inclusion and exclusion criteria

We included original research studies which reported empirical findings from assessments of data in TCM teaching clinics of higher education providers in countries other than China. Any studies with implications for TCM education were included, which may relate to the effect and use of TCM, research methods evaluating TCM data, data collection, and reporting standardization.

We excluded studies belonging to any of the following categories, even if they were conducted at TCM clinics outside China:

- (1) evaluation of TCM treatments that did not take place in a teaching clinic outside China,
- (2) studies which only focused on assessing the outcomes or effects of managing specific health conditions using TCM methods without provision of information on implications for TCM education, and/or

- (3) studies that only focused on evaluating the epidemiology and disease burden of individual diseases, and/or
- (4) studies which only assessed the demographic profile of patients attending TCM clinics without provision of information on implications for TCM education.

Data extraction from all included studies focused on implications for TCM education only.

Study selection and data extraction

The titles and abstracts of the search results were independently reviewed by two researchers [J.K.Y. and Zifan Wang (see Acknowledgment)]. Studies with uncertain eligibility had the full text reviewed by J.K.Y. and Zifan Wang. Any disagreement regarding eligibility was solved by discussion. The process of study selection is shown in [Figure 1](#).

RESULTS

A total of 5036 records were initially identified from the literature; 5000 records were excluded after screening of title and abstracts predominately because they either evaluated (1) the outcomes or effects of managing specific health conditions using TCM methods without providing information on implications for TCM education, and/or (2) the epidemiology of an individual disease only. We obtained and screened the full text of 36 articles,¹⁴⁻⁴⁹ and subsequently excluded 29 studies that did not meet our inclusion criteria.^{14-18,20,22-28,33-37,39-49} Of these 29 studies, seven articles predominately presented data relating to the outcome/effect of TCM treatment methods^{14,15,20,25,27,35,36}, nine studies evaluated the patients' demographic profile and/or their attitude to TCM use^{16,17,22-24,26,28,34,37}, 12 studies were conducted in China^{18,39-49}, and one study was a personal reflection of teaching experience.³³

As a result of the screening process, seven articles^{19,21,29-32,38} from six studies met the inclusion criteria and were included in this review ([Figure 1](#)). Study characteristics were summarized in [Table 1](#). All seven articles included in the review were published after 2006, and more than half of them ($n = 4$) were conducted in USA.^{21,29-31} The design of these studies included prospective survey,²⁹⁻³¹ retrospective analysis of patient charts^{19,21} and analysis of clinic database.^{32,38}

The small number of studies and the lack of an internationally standardized quality appraisal tool for observational studies precluded a meaningful assessment of study quality. The overall quality of the evidence addressed in this review was considered relatively low mainly due to study design. There are some notable limitations of the included studies. For example, only two USA studies specified patient inclusion and exclusion criteria.^{29,31} Other limitations among studies in this review included selection bias of patients,¹⁹ low response rate,²⁹ and low follow-up rates.^{21,29} Furthermore, few studies provided justification for the sample size calculation and study sample size varied widely, with only four studies containing over 400 patients.^{21,29,31,32}

We categorized the main findings of these seven articles into the following seven themes: "patient characteristics," "chief complaints," "source of referral," "TCM data collection

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